

# MEDICAL AND SURGICAL REPORTER

No. 1708.

PHILADELPHIA, NOV. 23, 1889.

VOL. LXI.—No. 21.

## CONTENTS:

### CLINICAL LECTURE.

MOYER, HAROLD M., M. D., Chicago, Ill.—Leucocythemia..... 561

### COMMUNICATIONS.

NORTH, JOHN, A. M., M. D., PH. C., F. S. SC.  
(LOND., Toledo, Ohio.—Local Treatment of the  
Accessory Nasal Cavities..... 566  
ORBORNE, J. D., M. D., Newark, N. J.—Diphtheria. 567  
EHNER, AUGUSTUS A., M. D., Philadelphia, Pa.—  
Large Doses of Iodide of Potassium..... 570

### REPORTS OF CLINICS.

Philadelphia Hospital.—College of Physicians  
and Surgeons, New York..... 570-572

### FOREIGN CORRESPONDENCE.

Letter from India.—Grant Medical College of  
Bombay.—Its Career.—Past and Present..... 575

### NEW YORK CORRESPONDENCE.

In Bellevue Hospital.—Clinic of Dr. Bryant, with  
some Statistics and Observations.—How Bubo is  
Treated..... 577

### PERISCOPE.

Is Hydrophobia an Infectious Disease?—Salol in  
Gastro-Intestinal Derangements of Childhood.—  
A New Antispasmodic.—Reporting Typhoid  
Fever.—Treatment of Baldness.—Codeine..... 578-580

### EDITORIALS.

TUBERCULOSIS IN SLEEPING-CARS—A FALSE ALARM. 581  
COMPULSORY NOTIFICATION OF DISEASE..... 582  
NAPHTHOL IN THE TREATMENT OF TYPHOID FEVER  
IN CHILDREN..... 583  
TENTH INTERNATIONAL MEDICAL CONGRESS..... 583

### BOOK REVIEWS.

PRUDEN; The Story of the Bacteria and their Re-  
lations to Health and Disease.—Transactions of  
the Twenty-fourth Annual Session of the Homeo-  
pathic Medical Society of the State of Penn-  
sylvania.—HARE; Essentials of Physiology,  
arranged in the Form of Questions and Answers.  
—Medicinal Kalender fuer den Preussischen  
Staat auf das Jahr..... 584

LITERARY NOTES..... 584

### CORRESPONDENCE.

Treatment of Rattlesnake Bite.—Gonorrhœa at  
Five Years of Age—Death after Nitrous Oxide  
Anæsthesia.—Reunion of Cut-off Fingers..... 585-586

### NOTES AND COMMENTS.

Absence of the Uterus.—Directions for Using Plain  
Cod Liver Oil.—Hyoscine as a Sedative.—Source  
of Colors.—Effect of Mental Impression.—Recep-  
tion to Dr. Rihl.—Some Results of Compulsory  
Notification.—Death from Chloroform.—The  
Normal Thoracic Resonance in Left-handed  
Persons.—Human Spermatozoa.—What is Vac-  
cinia?—Castor Oil Chocolate.—Treatment of Pig-  
ment Spots, or Chloasma, in Pregnant Women.  
—Antiseptic Ventilation.—Kehrer's Operation  
for Depressed Nipple..... 586-589

NEWS..... 590

## CLINICAL LECTURE.

### LEUCOCYTHEMIA.<sup>1</sup>

BY HAROLD M. MOYER, M. D., CHICAGO,

LECTURER ON PHYSIOLOGY AND HISTOLOGY,  
RUSH MEDICAL COLLEGE, CHICAGO,  
ILLINOIS.

*Gentlemen:* This patient, which you see before you, was admitted into the Hospital on October 11, with the following history:

*Family History:*—Her father died of consumption. Her mother was sick for about six months, during which time she had convulsions, and in one of which she died.

The previous history of the patient states that two years ago she was sick for six months, after which she seemed to have been in a good condition for quite a while, then she noticed a swelling on the left side of the

neck. About three months later she began to have headache, especially on the left side, and on rising in the morning was dizzy. She heard a ringing noise in the ears, at the same time felt weak and was unable to work. Eight months ago the menstrual flow stopped, and since that time she has lost a good deal in weight. She has a slight cough, which is worse during the night; appetite very good. Her feet began to swell about five weeks ago; and there is also pain in the bones. She has pain in the left shoulder which is worse during rainy weather.

I will now pass over the abdominal organs which reveal nothing of importance until we reach the left hypochondriac region. Here there is an area of dulness extending from one and a half to two inches beyond the costal arch. In this location a firm body can be indistinctly felt with a notch in its free edge. Liver dulness extends two inches below costal arch and to left of median line one and a half to two inches.

<sup>1</sup> Delivered at the Cook County Hospital.

I will ask you what that dulness in the left hypochondriac region is probably due to? What organ have we located there? The spleen. And the notch in its border is almost distinctive that it is the spleen which is enlarged. The liver, of course, is somewhat enlarged, but the other abdominal organs are negative in their examination. Ophthalmoscopic examination of the eye shows some infiltration of the retina; but no hemorrhages or marked changes in the optic disc. Urine normal.

I will ask Dr. Hektoen (Pathologist to the Cook County Hospital) to present to you what he has discovered in the examination of the blood of this patient.

REMARKS BY DR. LUDVIG HEKTOEN.

The blood of this patient, when examined a week ago, showed no marked changes from the normal, either to the naked eye or under the microscope. Many authors regard it as necessary in order to establish a diagnosis of leukemia or leucocythemia, that the white corpuscles are in proportion to the number of the red as 1 : 20. There was no such marked relative change in number in this case, and the diagnosis seemed a little uncertain.

The investigations of Ehrlich, however, have resulted in material aid to the early diagnosis of leukemia. Examining into the affinity for *eosin* on the part of the leucocytes he found that in leukemia there is increased presence in the blood of white cells that become deeply stained with eosin; whereas in all acute leucocytes the number of these cells—*eosinophilous* cells as Ehrlich has called them—are very few in number. In this case quite numerous eosinophilous cells were found. Under the microscope there was a preparation of the patient's blood made as follows: The tip of one of her fingers was made aseptic and punctured with a sterile needle and the drop of blood spread out evenly between two absolutely clean cover-glasses. These thin layers of blood were allowed to dry in the air upon the cover-glasses, then passed through an alcohol flame three times and dropped into absolute alcohol. After remaining in the alcohol for about an hour the cover-glasses were dried with filter-paper and a drop of concentrated solution of eosin in glycerine placed upon the prepared slides. After a few minutes the eosin solution was washed off with water and the cover-glasses mounted on a slide in oil of cloves; Canada balsam might as well have

been used. We find now that the red blood corpuscles are colored reddish-yellow, or pink, that the nuclei of the white blood corpuscles are stained blue, and we find also a considerable number of large leucocytes which are filled with bright red granules looking very much like micrococci. These cells crowded full with red granules are the eosinophilous cells of Ehrlich.

Jahsch examined the blood of a large number of anæmic individuals and he found the granular red cells only occasionally. Only once, in a case of tuberculosis in a young boy who did not have leukemia, did he find them in considerable numbers. It seems safe to conclude, therefore, that when these eosinophilous corpuscles are found in considerable numbers in the blood they point quite positively to a commencing leukemia.

DR. MOYER (resuming): With the symptoms I have mentioned, and the remarks made by Dr. Hektoen regarding the condition of the blood, I think we may safely say that we have here a case of *lukemia*, or as it is termed by most of the English writers, "*leucocythemia*." You notice also that the clinical history is peculiar in its vagueness, that there were no definite or well-defined symptoms at the outset of this trouble. She speaks of pain and weakness. These symptoms gradually crept on, the patient's weakness increased, and very early in the disease there was an enlargement noticed upon the side of the neck, which you see. This swelling does not move when she swallows, therefore the enlargement is not connected with the thyroid gland. The lymphatic glands in the groin are enlarged. There is also another symptom: comparatively slight pressure over the sternum causes pain; and we have a tumor in the left hypochondriac region which corresponds to an enlarged, indurated spleen.

Now, any one of these symptoms is sufficient to direct your attention to the condition of the blood, and all three of them together, especially with the test which Dr. Hektoen has so admirably described, are sufficient to enable you to make a diagnosis of leucocythemia.

There is, perhaps, no field in which greater advances have been made during the last few years than in the pathology of the blood. You know the older writers in medicine had very vague notions regarding the function and the possible changes in the blood. At one time schools of medicine were estab-

lished and medicine taught upon the idea that the fluids of the body were exclusively diseased. These views were combated by other schools of medicine who believed in the theory that it was the solids of the body that were at fault. The warring of these two schools resulted in the development of other systems of medicine; all finally giving place to the cellular pathology, which is now generally adopted by most scientific medical men.

There are a great many different views prevalent in the profession regarding the diseases of the blood. Every issue of our daily papers contains numerous advertisements of blood purifiers. Only a few years ago the prevalent practice among the profession was to prescribe abundant blood purifiers in a vague and uncertain way, without knowing the conditions for which they were given. At the present time it is common practice to prescribe tonics. A patient presents himself with the statement that he does not feel well—depressed, weak, disinclined to exercise, and you give him tonics—iron, perhaps; it is probable that not one in ten of these prescriptions are based upon any exact symptomatology, or that the physician who prescribes the tonic could give any good reason for doing so. If you fully comprehend the physiological functions of the blood you will not be led into this error. Blood diseases that require tonics or alteratives are clear and distinct. If the blood is at fault you are able to detect it. If anything is added to it which ought not to be there, it will cause poisonous symptoms. If the blood is deficient in its cellular elements, or amount of hemoglobin, you can ascertain this and direct your remedies accurately to the relief of this condition. In this case we have purely a blood disease. There is a disproportion between the white and red corpuscles. Normally, we have one white to four hundred red corpuscles. This proportion varies greatly in patients, but when it reaches about one to twenty or thirty, then we have a distinct train of symptoms set up, such as you notice in the patient before you. We have wasting, weakness, more or less disorder of all the organs because of the blood supply being deficient in oxygen—all due to the fact that the red corpuscles are diminished. Understand that in this disease the red corpuscles are not affected, they contain the normal amount of hemoglobin and the other constituents necessary to the life of the tissues, but they

are outranked by the number of white corpuscles that they are crowded out, as it were, by the enormous number of the latter, and their function is interfered with simply in that way.

This condition was first described by Professor Bennett. Most German writers, however, will state differently. They say that Virchow was the first to describe the disease. As a matter of fact, Bennett antedated the publication of Virchow's opinions on this subject about six weeks. We should, therefore, give Bennett the credit for first recognizing this pathological condition.

I am not prepared to commit myself as to the value of Ehrlich's reaction which has just been exhibited by Dr. Hektoen. The claim is made that by this test we are able to recognize this disease in its early stages, before there is enlargement of the spleen, lymphatic glands or relative increase in the number of white blood corpuscles. If this is true the test is of great value, as success in treatment, if reached at all, must be in the early stages.

Most authors speak of three forms of this disease, according to the organ that is primarily affected. When the spleen is early involved we have the splenic variety; when the glands are first enlarged, the lymphatic, and when the bones seem to be the primary seat, the myelogenous. There are others who entirely discard these divisions and who believe that the disease always begins in the bones or spleen, and that the other changes are only secondary.

In this case we have enlarged lymphatics, tenderness over the bones, and an enlarged spleen. The enlargement of the lymphatic glands is said to have been the first disturbance in this case. I do not believe in the primary origin of this disease in the lymphatic glands, for we have diseases in which these glands are enlarged—Hodgkin's disease, for example, but as far as I am aware no one has reported any increase in the number of the white blood corpuscles in the latter disease.

Success in treatment depends on the early recognition of the disease. Arsenic has greater power in this and allied conditions than any other drug. It seems to directly affect the cellular elements of the blood. It may appropriately be combined with cod liver oil and tonics. Sometimes good results are obtained from the use of large doses of quinine in the splenic variety of the disease. There is not much to look for from



treatment in a case such as this. The disease has advanced too far to permit us to hope that we may restore the altered conditions found in the blood.

One very interesting point is the possible relation of the disturbance in the red marrow of bones to the blood formation. You doubtless know it is an accepted doctrine of hematologists that a large proportion of the red blood corpuscles are formed in the red marrow. The red marrow is usually affected in these cases, but whether secondarily or primarily is still a disputed point. I think the weight of evidence is in favor of its primary affection; that is the leucocytes are not simply collected mechanically in the red marrow, but there is an actual overproduction, a disturbance in the normal process of blood formation, which possibly is the primary seat of the disease.

### Concussion of the Spine.

This patient was admitted into the Hospital on September 30. Three weeks before he had fallen from a height of some sixteen feet and struck upon the left side of the chest. Two days after admission he noticed numbness in his hands, weakness in raising the arm, and shortly after this difficulty in walking.

Physical examination reveals loss of patellar-tendon reflex; some loss of pain sensation in the hands as well as in the feet, less marked in the latter. The patient drags the feet in walking. He feels pain in both the upper and lower extremities. He complains of pains in spots over the thighs and forearms, pain resembling the pricking of needles. Constipation is a marked symptom, and is obstinate. The pupils react readily to light.

I wish to call your attention, especially in this history, to the mixed character of the symptoms—pain in certain spots, a pricking sensation, an impairment of sensation to pain, great prostration and other symptoms which go to make up a clinical picture which differs largely from those of any systematic disease of the nervous system. These symptoms, we are told, came on a short time after a fall from a height of sixteen feet. There was no injury to the back or fracture of the bones of the spinal column. The injury was followed by partial recovery, and these symptoms came on secondarily.

This symptom-complex has received the name of spinal concussion; a very erroneous term, by the way, and one that has

furnished a theme for much discussion. It occupies the attention of our courts to a considerable extent and furnishes a considerable proportion of suits for personal injuries brought against railroad companies. A collision has occurred; a man has been violently thrown from one portion of a car to another, and when he gets up he apparently recovers from the immediate effects of the injury. He goes to his business, but after a few weeks have elapsed he begins to suffer from pains, from a disturbance of sensation, accompanied with great weakness, loss of muscular power, tenderness especially over the region of the spine—in short, such a clinical picture as we have presented in the case of this patient.

Erichsen in his book on "Concussion of the Spine," puts this down as being due to shock to that organ.

Page takes exception to Erichsen's statements, and has published many cases antagonizing the views of the latter, stating that concussion of the spine is a disease which cannot possibly take place in that way; that the spine is protected from injury by thick, bony, and ligamentous walls, and is contained in a cavity surrounded by fluid and padded with fat and soft tissues, so that this pure type of concussion of the spine cannot possibly take place. Here medical men have stood for some years vibrating between these two opinions.

When one of these cases comes to trial, the parties interested have experts who testify to geometrically opposite views. One expert says the symptoms are probably due to hysteria, or something else, while the plaintiff has an equally skillful and reputable physician who will contend that it is spinal concussion due to the injury.

Here we have a case which probably does not involve any pecuniary element. We have a man who is suffering from the symptoms mentioned, and so far as we are able to ascertain, he has no reason for feigning any of them. Page contends that these symptoms are largely feigned, but I do not think that can be true in this case. You see, that with the single exception of the loss of patellar-tendon reflex, we must rely entirely upon the statement of the patient for the other symptoms; the paræsthesias, loss of pain sense and other material factors, are purely subjective phenomena, in which we may be deceived. It is this feature of these cases, that renders their diagnosis so difficult; unlike most medical cases, the



patient has a direct pecuniary interest in appearing worse than he really is.

Upon the single examination made to-day we are hardly justified in assuming that we have a pure type of spinal concussion. But from the appearance of the man, the indistinct clinical picture, and the absence of other lesions we feel safe in making a provisional diagnosis of spinal concussion.

I brought him to the amphitheatre to show the vague character of the symptoms and to impress upon you the necessity of exercising great care in diagnosing these cases—for a blunder is easily made.

These cases are essentially chronic in their nature. The duration of the disease is marked by months and years rather than days or weeks. In the majority of the milder cases the tendency is toward recovery. In the severer forms the disease progresses steadily, the functional disturbances of the early stages give way to organic lesions, and death takes place from secondary degeneration of the cord and brain.

So far as drugs are concerned but little can be done for these patients. Rest is one of the most important factors; they should be kept in bed, and while there the nutrition should be provided for by massage and the local and general use of electricity.

### Peripheral Neuritis.

We obtain the following history with regard to this patient: On the 11th of August, after sleeping in the open air all night the patient experienced pain and tenderness in the right leg with some impairment of motion, which lasted about ten days, and gradually disappeared. Four years ago he had typhoid fever, otherwise has always been healthy. There is some tenderness on pressure along the sciatic nerve; also pain in the hip joint on adduction and rotation of the thigh. Patellar-tendon reflex diminished; somewhat difficult for patient to control left foot, and when he stoops forward he falls down. No spinal tenderness discoverable; flattening in the right gluteal region.

We will ascertain the condition of the reflexes. I find a distinct reflex on the right side, but it is not so prompt as on the left. There is not apparent enlargement of the limb nor is there any change in the appearance of the skin; or thickening of the

The patient complains of pain in the right leg, which came on suddenly with impairment of motion, without swelling, incoördination, or absolute loss of reflexes. What does this mean? Have we spinal disease? If we have a thickening of the nerve trunk, would that be likely to cause a loss of the conducting power of the fibres, causing a certain degree of paresis? We would not have pain or swelling in the limb; we would not have necessarily a loss of the reflexes, but simply impairment of them. We would have, perhaps, a slight degree of pain, but not always, as this varies greatly. In some patients the pain is excruciating; in others it is slight. This may be termed then a peripheral neuritis. But there is one thing to be borne in mind in a peripheral neuritis of the lower extremity—namely, that the disease is very apt to extend upwards and involve the posterior spinal roots, and from there extend to the posterior and lateral columns of the cord, and produce secondary degeneration, particularly of the posterior column. Cases of neuritis in the lower extremities are very apt to terminate in a topical form of ataxia. Perhaps this is a premonitory symptom in many of these patients. I venture to state that the great bulk of ataxic patients who are alleged to be cured by any form of treatment belong to the class of peripheral neuritis. The diagnosis between locomotor ataxia and this condition is very difficult, not to say impossible sometimes. Therefore, I think we are justified in assuming, for the present, at least, that this patient has a peripheral neuritis of the sciatic nerve, and the probabilities are that it will extend upwards and eventually involve the cord.

---

—The deepest bore-hole in the world, claimed at different times for a number of places, is, according to latest accounts, at Schladebach, a small German village near Leipzig. It measures 1,748.4 metres, or about 5,735 feet. The time expended in boring to this depth amounted to six years, at a cost of \$52,500. A peculiar experience encountered in connection with this and other deep holes in different parts of Germany is, according to *Uhland's Wochenschrift*, that the observed temperatures, while steadily increasing with the depths, show a smaller ratio of increase in the lower strata.

## COMMUNICATIONS.

LOCAL TREATMENT OF THE ACCESSORY NASAL CAVITIES.<sup>1</sup>

BY JOHN NORTH, A. M., M. D., Ph. C., F. S.  
Sc. (Lond.),

PRESIDENT OF THE AMERICAN RHINOLOGICAL ASSOCIATION; PROFESSOR OF ORGANIC CHEMISTRY, ELECTRO-THERAPEUTICS AND CLINICAL RHINO-LARYNGOLOGY, NORTHWESTERN OHIO MEDICAL COLLEGE, TOLEDO, OHIO.

In our treatment of nasal diseases we come across a large number of symptoms of brain and mental origin. We find these symptoms very persistent. After using constitutional treatment, resorting to surgical interference, making local applications by sponging, and by other methods, we are still unable to relieve these symptoms, and the patient passes out of our hands and usually ends his career in an Insane Hospital.

Let us briefly examine the accessory nasal cavities. These are all lined with mucous membrane similar in structure to the nasal mucous membrane; they all open into the nasal fossæ, either directly or through induct methods. In the inferior meatus we have lachrymal canal. Inflammation extending up this canal gives rise to ocular troubles and to obscure pains in the face. In the middle meatus we have the openings of the antrum of Highmore and of the anterior ethmoidal cells. All are aware of the troubles we have with the antrum of Highmore. Into the superior meatus, we have opening the sphenoidal sinus and the posterior ethmoidal cells. When we have an inflammation of the sphenoidal sinus or the ethmoidal cells, we may have a great variety of obscure symptoms, such as an indescribable pain in the head with an inability to locate it; loss of memory, especially in regard to things occurring during the every-day life of the patient, etc. Schwable, Axel, Key, and Retzius have demonstrated the fact that, not only can the lymphatics of the nasal mucous membrane be injected from the subdural and sub-arachnoidal spaces, but if force be used the fluid will pass through the lymphatic canals to the surface of the nasal mucous membrane.

Professor Guye, of Amsterdam, has given the name of *aprosxia* to a condition that

he finds associated with certain lesions of the nasal mucous membrane and obstruction to the passage of air through the nasal fossæ. In this condition there is mental disturbance characterized by an impossibility of fixing the attention on any subject, except for a very brief period, or of prolonged mental effort. He gives as an explanation that the lymphatic spaces beneath the dura mater have been found to be in direct communication with the mucous membrane of the nasal fossæ, and inflammation of the latter is supposed to interfere with the elimination of the waste products resulting from cerebral activity, thus leading to mental sluggishness.

These anatomical, physiological and pathological conditions will give an explanation to these obscure symptoms found in so many cases. Inflammation extending from the nasal fossæ up these mucous canals produce an inflammation of the lining membrane of these accessory cavities, or the inflammatory condition may begin in these cavities and extend to the nasal fossæ. With this inflammation we have the same local condition that we have in an inflammation of the nasal mucous membrane, namely, an increase of mucus, diminution of aqueous vapor, tumefaction, etc. These cases frequently require constitutional treatment. I find one of the best remedies I have used to correct the deranged nutrition of mucous membrane, to be the phosphate of sodium. At my request William R. Warner & Co., of Philadelphia, prepared an effervescing phosphate of sodium, containing thirty grains to the heaping teaspoonful. One heaping teaspoonful of this taken in half a glass of water before meals, has a good effect in unloading the arterioles of mucous membrane, and correcting the secretion or excretion.

If, after anterior and posterior rhinoscopy there is found any occasion for surgical removal of hypertrophied tissue, it should be removed. The spray should be used to wash away the mucus as far as possible. Watery solutions should seldom be used in the nasal cavities. As a wash, equal portions of milk and water, made alkaline by the addition of bicarbonate of sodium, can be used after being well warmed. This will be found an excellent mixture to thin and wash away the tenacious mucus. If there is much tumefaction of the membrane a two per cent. solution of resorcin in water can be sprayed into the upper portion of the nasal cavities. This causes contraction of

<sup>1</sup>Read at the Seventh Annual Meeting of the American Rhinological Association, Chicago, Oct. 11, 1889.

the membrane and an emptying of the blood vessels. Resorcin will not dissolve in vaseline, and I have found a watery solution the best for this purpose. A few minutes after the resorcin has been used, an iodized hydro-carbon should be sprayed into the nasal cavities and the spray made to reach the accessory cavities. The iodine has the effect of thinning the secretion and causing the absorption of the hypertrophic tissue; and in reaching the accessory cavities it greatly modifies the inflammation of the mucous membrane of the cavities.

The entire nasal cavity should be thoroughly sprayed with the iodine preparation of vaseline before an attempt is made to medicate the accessory cavities. With the De Vilbiss spray an application can be made to every portion of the nasal mucous membrane. All these preparations should be used as warm as the patient can conveniently bear them. By our ordinary method of using the spray producer in the nasal cavities, we only come in contact with the mucous membrane covering the nasal fossæ proper. I have been able to spray the vapor into these accessory cavities. I take a De Vilbiss or Rumbold spray-producer and slip a soft rubber nasal piece over the end of it. Then I have the patient empty the lungs, while I introduce the spray-producer with the nasal plug into the nostril so that it fits snugly. I then compress the other nostril, and have the patient attempt to fill the lungs by a combined forcible abdominal, intercostal and clavicular inspiration. By this method the air is drawn from the nasal and accessory cavities, and a partial vacuum is thus produced. While in this condition I throw the spray into the nasal cavity, and it is forced into the accessory cavities. Any one can try this upon himself and prove the correctness of it. I also apply the iodine spray to the Eustachian tube by means of the spray-producer and nasal plug, having first washed out the nasopharynx with the alkaline milk and water wash, and then draw the mucus out of the Eustachian tube by emptying the lungs, holding the nose, and making the effort above described, to fill the lungs. This will suck out the secretion from the Eustachian tubes. After a few minutes the spray tube and nasal plug are introduced in one nostril, the other being compressed. Then the spray is turned on and the patient asked to swallow. This opens the orifice of the Eustachian tubes and the vapor is forced in the tube. I have used

this method in a number of cases without any bad results in any case.

I wish to mention the effect of iodine upon vaseline and other petroleum bases. Iodine will dissolve in vaseline, but the solution is not a mechanical solution, but a chemical one. The petroleum fats are hydro-carbons of the marsh-gas series, with the general formula of  $C_nH_{2n+2}$ . Iodine coming in contact with these, displaces an atom of hydrogen from the group, and the iodine takes its place and forms an iodide of the alcoholic radical. The displaced hydrogen combining with another atom of iodine forms a molecule of hydriodic acid (HI). After this compound has been made for a few hours, it will not respond to the starch test for free iodine. Yet, in spite of this chemical change, this compound is useful in hypertrophic conditions of the nose and throat. Iodine will dissolve in the oil known as *albolene* without undergoing decomposition, and will respond to the starch test for free iodine. This is preferable to the vaseline compound where free iodine is required. The proportion of iodine in either vaseline or albolene is one or two parts of iodine to the thousand of vaseline or albolene.

## DIPHTHERIA.

BY J. D. OSBORNE, M. D.,  
NEWARK, N. J.

Diphtheria is a specific, contagious infectious disease, characterized principally by epithelial changes in and exudation upon, and into, mucous membrane, on the surface of wounds, etc. Then we have pseudo-diphtheria (tonsillitis), follicular stomatitis, pharyngitis, etc. We do not believe they are all the same, and yet they are so allied and their symptoms so intermixed and entangled, that it is our duty to look for a possible danger in each. I find it hard to believe that a case, beginning as a slight cold in the morning, growing worse through the night, and destroying life within two, three, or four days with the horrors of asphyxia—and another instance where a family of children, living in a room containing a sink connected with a closed cesspool, from which foul gases were bubbling back continually, have frequent attacks of fever with a scattered deposit in the tonsils,



and who recovered in a few days under quinine treatment—are cases of the same disease we are now considering; yet in view of the cases reported and the hundreds of others that will present themselves to your minds, where the mild tonsillitis seems to communicate the grave diphtheria, or where one child dying of membranous croup leaves behind it an infection, that destroys the life of another with the most malignant form of diphtheria, we have only one thing to do, and this is to look upon all such cases with suspicion, report them to the board of health, and by means of isolation and disinfectants, do all we can to confine its limits.

I shall add some conclusions in regard to the cause and treatment. It seems to me that all advanced scientific investigation points to the bacterial origin of the disease and that all our efforts should be directed to the destruction of these organisms and to the limiting of their development. After all that has been said and written, I think I may come to the conclusion that the disease is caused and propagated by these living germs. In 1880, Jacobi writes, "at present it seems altogether improbable that bacteria have any direct function in diphtheria;" yet in 1888 he writes to the *British Medical Journal* on the subject of treatment by mercury, and says: "My conviction of the utter uselessness of internal medication in laryngeal diphtheria—or so-called pseudo-membranous croup—is thoroughly shaken. Never have I seen so many cases of tracheotomy get well as since in 1887, when I began to use it." Again he says, "Perhaps the most useful of all remedies in laryngeal diphtheria is mercury. I prefer the bichloride. Until I began to use it six years ago, I felt certain of a mortality of 90 per cent. in all cases I operated upon. I have within the past thirty years seen at least 1,000 cases, and during the past six years have seen no less than 300 cases, the patients being from four months old upwards. The treatment consisted in the internal use of bichloride every hour—the smallest daily dose given by me in the beginning was  $\frac{1}{4}$  grain to  $\frac{1}{2}$  grain in children from 4 to 5 years of age, given in dilution of one in ten thousand. Tracheotomy can often be avoided if the mercury be given in time."

Going back a little on the subject of treatment we find the profession still looking for something they can trust. Remedies are

almost as numerous as are the investigators, but one thing is agreed upon by all: sustain the system, and if possible enable it to throw off the poison. If called early, before constitutional effects have shown themselves, as in a fair proportion of times is the case, attack the disease locally with agents known to have the power of destroying the bacillus. The agents most in use for this purpose are, sulphurous acid, or what perhaps is as useful, a strong solution of sulphite of soda, fumes of sulphur in the room, peroxide of hydrogen, turpentine, eucalyptus, lactic acid, permanganate of potash, persulphide of iron, bichloride of mercury, and later on, for local application, by brush, spray or steam, eucalyptus, lactic acid, dilute sulphurous acid, trypsin, and vapor of lime. At no time, if there are nasal complications, are they to be neglected; and very frequent cleansing of the nares by injections of antiseptic solutions is indispensable, while, throughout the disease, stimulants, milk, beef juice, and tincture of iron and quinine are to be continually given. I desire to call attention to two or three agents in closing, and these bear particularly on the question of antiseptics both locally and internally. Bichloride of mercury has been already alluded to. Another agent frequently reported favorably upon of late, is the decoction of the leaves, or the oil, of eucalyptus. Several observers have claimed to have seen marvelous results produced by inhaling the vapor from the leaves in hot water as well as by its internal administration, and claim for it great germicidal power. It certainly deserves further clinical investigation.

Another agent reported most favorably on of late is the peroxide of hydrogen—for topical use, as a spray to the mouth, throat, and nares. It is pronounced capable of destroying the bacteria and preventing absorption and secondary effects; destroying the contagion and limiting the extension of the disease. While this agent may be of use where it can be obtained readily, its use must be limited on account of the difficulty in procuring it. I have found the use of the uniform official strength, which is recommended (15 volumes) and which seems necessary to the destruction of the bacteria, impossible because it can only be found at wholesale drug shops in 5-pound bottles, which on being opened immediately lose their strength. To be effective also a stronger force of spray is necessary than the ordinary atomizer gives.

The last agent to which I shall allude is sulphur.

Among the few remedies that seem to have secured a permanent place in the treatment of diphtheria is sulphur, although Professor Jacobi as late as 1880 dismisses it with scarcely a notice. It seems to me that it demands a further and most careful trial, and promises as much, if not more, in return for our efforts than any other agent in our possession. Its remarkable antiseptic properties were known to the most ancient writers, and it is the only agent that has stood the test of ages. Our Boards of Health know they can depend upon it, as upon no other agent, to disinfect house and ship and clothing and person. Where the small forms of animal or vegetable life are found the fumes of burning sulphur are known to be destructive. Taken into the stomach it is eliminated by the bowels, the lungs, the skin, and the kidneys in the form of hydrogen sulphide—it stains the linen next the skin and darkens metallic substances carried in the clothing. Its destruction of the mildew—on the vines of the grape—seems to have first called attention to it as a possible remedy in diphtheria. Since that time it has had its up and downs, its advocates and opponents. Marvelous cures have been attributed to its use, and local benefits have been ascribed to it by those who denied its internal value. I have been on several occasions struck by the apparent benefit derived from its use in pneumonia, all its grave symptoms disappearing quickly after its purgative action had taken place. In a case of syphilitic abscess, where a young man also had chronic naso-pharyngeal catarrh, its use as sulphide of calcium, for the cure of the abscess, resulted in permanent cure of the catarrh, as well as the abscess. If there is any agent that will act as a prophylactic to scarlet fever, I think it is the continued internal use of the sulphite of soda, and I am sure it has proven efficacious when belladonna has failed entirely. The sulphite or bi-sulphite in solution also proved itself a most useful agent in erysipelas. Perhaps its best form for local use is sulphurous acid. This acid is a disinfectant and deodorizer, it attacks organic matter with energy, owing to its affinity for oxygen. It is very destructive to the lower forms of life, viz.: bacteria, fungi, etc. It should be slightly diluted in the form of spray or applied with brush. Powdered sulphur is also of very great power; cling-

ing to the throat and nose, the heat of the body causes it to give off fumes which continue the local effect. Sulphite of soda or the bi-sulphite,  $\frac{3}{4}$ ss to  $\frac{1}{2}$ i to the ounce of water, may also be used with the atomizer or brush. Internally it may be given as sulphide of calcium, sulphite of soda or perhaps better, by small doses of the sulphur itself, which is converted in the intestines and circulation into the hydrogen sulphide (sulphuretted hydrogen). Sulphur will destroy every species of fungus on plant or animal, beast or man. It is eliminated entirely in about five days. Great tolerance is manifested in the remedy, and while the diseased condition exists neither diarrhoea nor colicky pains are produced by moderate doses, and when these symptoms supervene it shows it is time to decrease or discontinue its use. A good way to give it is with glycerin and water. It may also be given by inunction, better still in syrup or honey, or by packing the limbs in the powder. In conclusion let me add that science seems to be looking in the direction of this agent for the destruction of other forms of bacteria, as witness the recent efforts to destroy the bacillus tuberculosis by gaseous enemata of hydrogen sulphide (sulphuretted hydrogen), or more recently the placing the patient in a closed room and making him inhale the fumes of burning sulphur. When sulphur is taken into the stomach, either as a powder or in its other forms, the warmth of the body causes it to give off these same fumes, and I see no reason why a complicated apparatus should be used when the stomach can be made its own laboratory for generating this gas. It is readily absorbed and penetrates the solids and liquids of the body.

I wish to add that, in the *Medical Record*, December 19, 1888, Dr. Hubbard, of New York, recommends for the local treatment of diphtheria Vleminckx's solution of the sulphuret of calcium—an old and cheap remedy for scabies.

—To expel mosquitoes, take of gum camphor a piece about one-third the size of a hen's egg, and evaporate it by placing it in a tin vessel and holding it over a lamp, taking care that it does not ignite. The smoke will soon fill the room and expel the mosquitoes, and they will not return, even though the windows should be left open all night.—*Scientific American*.

## LARGE DOSES OF IODIDE OF POTASSIUM.

BY AUGUSTUS A. ESHNER, M. D.,

RESIDENT PHYSICIAN AT THE PHILADELPHIA HOSPITAL.

As an item of maximum therapeutics and individual tolerance, it may be of interest to report the case of a patient in Dr. Dercum's wards in the Philadelphia Hospital. The man presents a group of symptoms which might be vaguely designated as those of spinal syphilis; symptoms of spinal and bulbar involvement in some degenerative process—vascular, neuroglial or columnar—conforming to no type of systemic disease of the cord. He has ataxia; his knee-jerk is preserved, though deficient; he has an awkward, impeded speech; his pupils are equal, regular, and respond to light, while the accommodation is unimpaired. His sensation is normal, and he has no derangement of the sphincters, and no discoverable loss of muscular power.

Beginning with ten grains of iodide of potassium, the dose was gradually increased until the patient took one hundred and seventy grains three times daily. By an inadvertence he was once given four hundred and forty grains at a dose, which he failed to retain, vomiting at once and complaining of a dull heavy pain in the epigastrium, which persisted in some degree for two days. The patient now takes one hundred and seventy grains of the iodide three times a day. There have never been present more than the mildest manifestations of iodism, a few acne papules, slight rhinitis, laryngitis, and bronchitis. The patient expresses himself as being subjectively better, but there is no decided improvement in the symptoms.

Examining the urine, to determine whether the iodide was perhaps causing renal irritation, it was observed that, in overlaying concentrated nitric acid with the urine, a rusty brown zone resulted at the line of contact gradually diffusing itself upward through the urine and after which fine particles dropped to the bottom of the tube. Now, again overlaying the urine with solution of starch the characteristic purple reaction of the so-called iodide of starch at once appeared. Other tests for iodide were applied: acetate of lead, bichloride of mercury, and nitrate of silver, to all of which ready responses were obtained.

There are, in the wards, other patients taking large doses of iodide of potassium: one, a hundred and thirty grains; one, a hundred and twenty; two, a hundred and ten; one, a hundred; one, ninety; one, fifty; and one, forty—all three times a day, and for periods of varying duration. In all of these cases the urine was examined and responded to the tests already mentioned. The specific gravity varied between 1.017 and 1.035, the higher number preponderating. All the specimens were of acid reaction. Two contained albumin in small quantities, but these contained pus corpuscles but no tube casts. None contained sugar.

In testing for albumin, the method by heat and acidulation was used, and the result was confirmed by the contact method with picric acid. The rusty brown zone from contact of the urine with nitric acid necessarily obscured the presence of small quantities of albumin; and large quantities as well would escape detection if the iodides were present in large amounts and the brown zone of contact dense. It is highly probable this latter is due to the iodine set free by the action of the nitric acid on the iodide and the combination of the iodine with water to form hydriodic acid.

## REPORTS OF CLINICS.

### PHILADELPHIA HOSPITAL.

CLINIC ON THE DISEASES OF WOMEN AND CHILDREN—DR. HIRST.

#### Death from Colic.

Dr. Hirst first mentioned the results of an autopsy upon a child that had recently died in the hospital. These results were completely negative, except for the enormous distension of stomach and bowels. During life this infant had shown signs of colic, and the usual remedies, such as the exhibition of hot brandy and water, carminatives, the use of the catheter in the rectum, and the application of the Faradic current to the abdominal walls, had been tried, but without success. Dr. Hirst believed that death had been brought about by shock caused by the colic, and recommended, as a last resort in such cases, the puncture of the intestine with a hypodermic needle. He said that this measure was



sometimes resorted to in the rare instances of exaggerated flatulence following labor cases and that its use was often necessary in animals, especially in sheep.

### Infantile Catarrhal Nephritis.

The prevailing symptom in this case was that of somnolence, until late in the disease when convulsions occurred shortly before death. The true condition was not diagnosed, therefore usual remedies in such cases were not employed. It was thought for a time that the lungs were congested. Seat worms were discovered and dislodged in large quantities by quassia injections. The true disease finally proved fatal, and it was only the autopsy that revealed congestion and inflammation of both kidneys. Dr. Hirst said that this disease was rare in infants. The difficulty of making a diagnosis in such cases is obvious: the importance of being on one's guard against overlooking renal disease in young children is as plain. It is a wise maxim in treating very young children that the lungs and kidneys should always be examined in cases of obscure disease. An element of obscurity in these cases is that the urine of new-born infants—and even of infants in utero—is usually albuminous, so that in making the diagnoses of nephritis, the albumin should be found in large quantities and the presence of renal desquamation demonstrated by means of the microscope.

The treatment recommended in such instances was that of active depletion by means of local bleeding, purging, and diaphoresis.

### True Infantile Jaundice.

Dr. Hirst said that in new-born infants it was common to see cases of hæmato-genic jaundice that passed away in a few days without causing serious symptoms; but that there was such a thing as true hepatic jaundice in infants, and that when this occurred it should excite the physician's anxiety. Some of the causes of this latter disease are: defective circulation, resulting in an engorged liver; occlusion of the common bile-duct; sepsis, Buhl's and Winckel's disease. In this case there is no evidence of serious systemic disease, and, judging from the congestion of the extremities, the possibility of some congenital defect in the circulation should be entertained. The child was to be put in the incubator; a heart stimulant to be given in small doses and calomel was being administered.

### Congenital Syphilis in Infants.

The next case shown was of especial interest on account of its serious nature, comparative frequency, and the importance of making a correct diagnosis. The infant was healthy at birth, but in a week it had the snuffles. Soon afterwards it exhibited on head, trunk, and extremities copper-colored spots, especially about the face and genitalia. It was remarkable that there are three grades or degrees of congenital syphilis. In the first the child is born dead. In the second class it is born in a miserable condition of deformity and disease, and is soon carried off by fibroid pneumonia, lack of vitality, or some disease of an important viscus. In the third class the child is born apparently healthy, and the disease first appears some days or weeks after birth, as in this case. That it is often well in such cases not to question either parent too closely, but to make the diagnosis by the child's appearance, and to proceed at once with the following line of treatment.

After carefully seeing to its hygienic management, the infant is to have twice a day one-sixteenth to one-twelfth of a grain of calomel in a little soda; or, if the child cannot from any reason take calomel internally, mercurial ointment is to be rubbed on the child's binder, which is then applied. In a few weeks the spots will disappear and the child seem well for a while. In order to completely eradicate the disease from the system, mercury and the iodide of potassium are to be skillfully administered with occasional breaks in the treatment for two or three years. The liver is subject to congestion in these cases, and such an infant should never be nursed by any woman but its own mother, lest the disease be communicated to her.

### Large Mammæ in an Infant.

It was remarked that infants of both sexes usually had milk in their breasts precisely like woman's milk from the fourth to the tenth day after birth, but that sometimes the physiological hypertrophy and activity of the mammæ were much exaggerated, even to inflammation, and the inflamed gland tissue became purulent and exhibited a true abscess, that was to be opened as soon as discovered. That before the development of pus, lead water and laudanum were to be used with compresses, and the use of the poultice delayed until the formation of pus became imminent.

### Abscess of the Ovary.

The next case was that of a woman who had borne several children. Since the birth of the last one—which occurred several years since—she had had menorrhagia and metrorrhagia, and also nearly constant pain in the left iliac region, which pain was greatly aggravated by motion. Dr. Hirst said that the principle cause of these pains was a previous inflammation in the pelvis, leaving pockets of pus or cicatricial bands holding the various viscera—especially the ovaries—in abnormal positions, thus causing them to be pressed or drawn. Examination here revealed a sensitive fluctuating tumor behind the uterus, which was probably an abscess in tube or ovary that in all likelihood had its origin in an attack of gonorrhœa, a clear history of which could be obtained. The infection occurred just previous to the birth of the last child. If she were rich, the palliative treatment would be advised, and likewise if she were very old. As she was young and otherwise healthy, a laparotomy was earnestly recommended, and would, with the patient's consent, probably be performed by Dr. Hirst in two weeks.

### Infantile Catarrhal Pneumonia.

Dr. Hirst made an autopsy examination on the body of an infant four months old, that he said had been ill ten days before its true condition was discovered. The catarrhal pneumonia was found in the right lung and râles on both sides. He warned his hearers that, though high temperature was present in this case, he had seen other instances of this disease in which this symptom did not occur. Only the base of the right lung was affected and that mostly on the posterior part. The left lung, though anæmic, was otherwise normal.

The intestines were examined and slight remains of entero-colitis were seen. Dr. Hirst here remarked that the almost absolute prevention of this disease had been secured in the hospital by the introduction last year of sterilized milk and that since then the mortality among the foundlings had been greatly reduced. The liver in this child was normal in size and appearance and, therefore, he believed the infant was without venereal taint. While examining the heart, he mentioned that the foramen ovale is often found open some time after birth, and that he had seen many cases in which the ductus arteriosus remained patu-

lous for months and even until the end of the first year.

### Double Hæmatoma.

This was in a child one month old; the tumors were situated in the posterior and superior parts of both parietal bones. The hæmatomata were congenital, a rare anomaly. Dr. Hirst mentioned as a difference usually existing between caput succedaneum and this affection was that the former always appeared at birth, whereas that of hæmatoma commonly developed some days later. It was recommended in this case to avoid operative measures, as the sac was getting smaller and would probably disappear.

### Fibroid Tumor of the Uterus.

This patient was a colored woman who twelve years ago had had her only child. This tumor had existed a long time, but excepting the loss of much blood at her periods of menstruation, its presence had not given much trouble until five months since, when she complained of having difficulty in locomotion and much pain in the hypogastric region. The tumor, in this case, reached nearly to the umbilicus. As the woman was poor, only 35 years old, suffering, and lately had been losing so much blood, Dr. Hirst recommended oöphorectomy, in order to stop menstruation and thus bring about a sub-involution of the whole uterus and thereby diminish the size of the tumor, or at least prevent its further growth. The ordinary medicinal treatment had been tried without success.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

VANDERBILT CLINIC.

MEDICAL CLINIC—PROF. DELAFIELD.

### Irritable Colon.

The first case shown the class was a man, 34 years of age, a gasfitter by occupation. He complained that for several years he had had large loose watery stools coming on particularly in the morning and before 11 o'clock, and frequently following the ingestion of food. These attacks would come at intervals and recently have occurred with greater frequency. He complained of no other symptoms. On examination the pa-

tient was found to be poorly nourished, skin of bad color. There was no evidence of distension of either the colon or stomach. There was no enlargement either of the liver or spleen. The heart showed no evidence of disease, and the pulse was good. Examination of the mouth showed considerable accumulation of tartar on the teeth and a line on the gums, but not sufficiently well marked to indicate lead poisoning.

The secretion of urine was increased in quantity; sp. gr. 1.028; contained no albumin. Dr. Delafield considered this patient a sufferer from what has been called "Irritable Colon," associated, undoubtedly, with chronic catarrhal colitis, of a low form. Such cases, he said, were not of unfrequent occurrence, and were, oftentimes, difficult to cure.

The treatment must be continued for several months and the diet carefully regulated. In many of these cases it is found, as in this man, that the act of taking food into the stomach is at once followed by a reflex action in the colon. Dr. Delafield then detailed four methods of treatment: First, the simple washing out of the stomach every day. Many would improve very speedily and very markedly under this procedure whereas others would not be benefited by it at all. Second, an exclusive diet of beef and hot water. Giving a sandwich of scraped beef made with thin slices of bread or toast at 8 A. M., again at 12 M., 4 P. M., and 8 P. M., preceded an hour by a full tumbler of hot water. Third, the combined use of ipecac and belladonna; the dose of both should be increased to the point of tolerance. With this treatment the diet should be restricted. Fourth, give the following shortly before each meal:

R Sodii sulpho-carbolat. . . . . gr. xx  
Glycerinæ . . . . . f 3 i  
Infus. quassie . . . . . q. s. ad f 3 ss  
M.

And also restricted diet, such as beef or mutton and a few vegetables. For this patient he recommended the beef and hot-water treatment (and no drug) as being the easiest method to carry out successfully.

#### Chronic Alcoholism.

A man, 57 years old, a brewer by occupation, for two years had been troubled with vomiting of mucus, pain after eating and tenderness over epigastrium. He had been steadily losing strength and flesh—having

lost 50 lbs. in weight. The patient called himself a moderate beer drinker. There had been no vomiting of blood and no jaundice. His urine had not been tested. Examination showed that the skin was of a bad color and flabby. The pulse very feeble and small and was felt with difficulty. The radial artery somewhat tortuous. The heart's impulse feeble and diffuse; the heart itself enlarged but no murmur audible. Resonance over the lungs emphysematous, and expiration prolonged. The liver was considerably enlarged both in upward and downward direction, and smooth to the touch. No enlargement of the spleen could be detected. Dr. Delafield, in summing up the physical signs found in this patient, remarked that here were several diseases but all due to one cause. The man had used beer to excess and was suffering from chronic alcoholism.

He had no lesion of the brain. The lungs showed emphysema, due to the feeble heart, rather than to any bronchial lesion. The heart was dilated and probably fatty. The liver also was enlarged and probably fatty. There was chronic gastritis. An examination of the urine would undoubtedly show chronic nephritis. Chronic alcoholism includes all these conditions and fully describes what the man suffers from. Treatment could offer very little for a patient in this condition, and at his age; in fact he would probably grow worse rather than better. The best plan would be to cut off his supply of beer and to limit him to one solid meal a day of beef or mutton and baked potatoes. As for drugs he should confine himself to a treatment directed to the heart symptoms alone, considering those the most important, using for that purpose the following combination, which experience has shown to be best adapted to such cases:

R Ext. Digitalis fl. . . . . ℥ x  
" Convallariæ fl. . . . . ℥ xx  
Potass. Iodidi . . . . . gr. v  
M. et sig. Three to four times a day.

#### Endocarditis.

The third case shown was a boy, 15 years of age, who said he had been well as far as he knew until two months previously, when he was taken during the night with severe pain in his "stomach." The attack lasted about half an hour, and he had had several similar attacks since. During the first month of his illness he vomited his food soon after eating. He had had some cough, had expec-



torated a little blood, and on exertion was short of breath and had palpitation of the heart. The patient had lost a good deal of flesh. Examination of the urine showed a specific gravity of 1.010, and 2 per cent. of albumin. Further examination of the patient showed him to be much emaciated, with a bad color of the skin and paleness of the mucous membrane. Dr. Delafield called attention to his general appearance, which was plainly that of one suffering from a severe illness. His pulse was found to be fairly good, but inspection showed very clearly an exaggerated impulse over the precordial region and the heart was found to be enlarged. Presystolic and systolic murmurs were heard at the apex, indicating mitral insufficiency and stenosis. A few râles could be heard over the lower portion of the left chest. It was stated that the patient undoubtedly had chronic degeneration of the kidney also, but the real cause of his trouble was the heart lesion. He was suffering from an active endocarditis which was rapidly advancing. The patient was in no condition to be out and should be put to bed at once. Treatment for the present should be limited to rest, and a careful regulation of diet. Probably milk would be best to begin with, adding other things later on, if thought advisable.

#### SURGICAL CLINIC—PROF. BULL.

##### Lacerated Wound of Lip.

At the Vanderbilt Clinic, October 30, Dr. Bull showed to the class a number of simple cases. According to his custom he asked two students to examine each case, to detail the history to the class and to give their diagnosis and treatment. The first patient presented was a man, 46 years old, a laborer, who three weeks ago, when lifting a heavy can of ashes, slipped and fell. The can struck him in the mouth and inflicted a double wound of the upper lip, leaving a triangular piece of the lip attached by a portion only a quarter of an inch wide at the upper angle of the cut. He, at once, applied at a dispensary for treatment, and superficial sutures were introduced. In a few days these had pulled out and others were inserted. Again the wound failed to unite, and the triangle of the lip was cut off. The man now showed an inverted V-shaped solution of continuity of the lip, resembling very

much a congenital hare-lip. Examination of the edges showed a partial scabbing, some infiltration, a little discharge, no bleeding, and no evidences of active inflammation. There were no constitutional symptoms.

Dr. Bull referred to the possibility of epithelioma invading such a wound in a person of the patient's age. In regard to treatment he said that the important fact to bear in mind was to endeavor to preserve as much of the lip as possible; and he would recommend scraping the sides of the wound and with the scissors cutting the edges of the integument, especially where it was turned in; and then holding the festered surfaces together by means of sutures carefully and deeply placed so as to afford support to the lip and to prevent the tendency of the orbicularis oris to draw apart the surfaces.

This would probably prove effective in removing the deformity. If not, the sides would then have to be thoroughly freshened with a scalpel or scissors and the same careful suturing used.

##### Acute Mastitis.

The next patient was a married woman, the mother of four children, who was at present nursing a child eleven months old. Four days ago she "caught cold," and her right breast became swollen and painful. Examination showed the breast to be much larger and heavier than the other. About the nipple (which was somewhat retracted) and for several inches below it the skin was red and shining, and painful; and all the breast was oedematous. The axillary glands on the right side were enlarged and tender. Dr. Bull, on looking for fluctuation, spoke of the necessity of supporting the breast—which is best done by having the patient lie down—in order to more positively determine the presence or absence of this symptom. In this case, unless care be exercised, the oedema might mislead and the existence of fluctuation be believed in. It was not present here, however, and yet the oedematous condition was pretty conclusive evidence that the inflammation was a suppurative one, and before long the presence of pus would declare itself. This patient denied that there was any lumping of the breast before the attack four days ago; and Dr. Bull remarked that this almost always takes place though it frequently may be overlooked. With regard to treatment, he

said that it was too late to milk the breast; what could be done was to place it at once in a sling, and to apply either cold or hot applications. If cold—ice; if hot—either poultices or fomentations containing belladonna; or better, with belladonna ointment smeared upon the breast. It is of importance to open an abscess in this location at the earliest moment, and the practitioner usually erred in this matter; for it is a fact that most abscesses of the breast are not opened sufficiently early.

### Fracture of Ribs.

This patient was a man, 40 years of age, who yesterday, while returning from his work, was playfully punched in the side by a fellow-laborer. He felt pain in the spot at once, and has suffered therefrom since. His pain is caused by movement and by respiration, also by pressure over the eighth, ninth and tenth ribs, about three inches from their heads. Crepitus is distinctly felt on respiration and by pressure. In treating the case Dr. Bull preferred one large strip of rubber adhesive plaster five or six inches wide, and mentioned that the amount of comfort from such dressing in these cases was remarkable. In two or three weeks the strip could be removed.

There were other cases, he said, that were not benefited by this support; they were those usually in which five or six ribs were fractured. Bandages and plasters applied to them seem to increase the pain and the dyspnoea. Such dressing, therefore, should not be used. Simply keep the patient as still as possible and in a week or so, as soon as sufficient plastic material has been thrown out to confine the movements of the fragments, relief would occur. These cases were the exception to a very general rule, and it is well to bear in mind the possibility of this exception.

### Hypospadias.

A boy, one year old, was brought to the clinic by his mother—as she said, “to see if he was all right in his privates.” He was suffering from no symptoms; he passed his urine regularly and without pain. Examination showed an erythema intertrigo in flexures of thighs and about anus. The penis was found to present a long prepuce above but the lower part of the fore-skin and the frenum were missing. The under part of the glans was marked by a shallow groove.

The meatus urinarius was found just internal to the corona glandis. The chief interest in such a case, Dr. Bull remarked, lies in being able to assure the mother that the child, though unusually formed will be undoubtedly none the less a competent man. The child at present has no trouble from his malformation and he is not likely to develop any.

Hypospadias exists in many degrees. Often the person afflicted possesses less urethra than this case—the meatus being further back on the body of the penis. This condition does interfere with the usefulness of the patient in reference to his duties to society. Such a man is likely to be impotent. These cases call for a plastic operation, unusually delicate. Several surgeons have suggested as many special operations but the exact indications in a given instance should be our guide in operating. Dr. Bull referred to two other conditions that in all cases of hypospadias might call for relief, viz., narrowing of the orifice of the urethra (shown by difficulty in urinating, etc.) which is easily remedied by meatotomy; and a tendency (in adults) of the penis, when in erection, to curve backwards, which may be relieved, not by exercise, but by operation.

## FOREIGN CORRESPONDENCE.

### LETTER FROM INDIA.

*Grant Medical College of Bombay.—Its Career.—Past and Present.*

BOMBAY, INDIA, September 9, 1889.

The great medical school of western India derives its name from Sir Robert Grant, the Governor of Bombay, who had endeavored to establish a system of educating the natives of India in English medicine. He died recently, and the school of medicine was opened, which took his worthy name. It is in the very centre of the most thickly inhabited part of the city, surrounded by an extensive compound. Its aspect is very awe inspiring, indeed! its extreme height, massive brick columns, and the quietude in its compound strikingly remind one of some of the old baronial castles in the Highlands of Scotland. All were invited to benefit themselves of this school when it was opened in 1845, but few took fancy at it. The native parents had a religious prejudice against dissection. The period of study

has ever since been five years. Those who passed the final examination used to be distinguished from the rest of the quacks by G. G. M. C., *i. e.*, Graduate of Grant Medical College. In 1859, the Bombay University was established, and the said College was affiliated to it; and though the curriculum of study remained the same, the quaint and queer G. G. M. C. was substituted by L. M., *i. e.*, Licentiate of Medicine. It was made compulsory that the medical students must first pass the matriculation examination, as prescribed by the University. This used to be considered at that time a stumbling block to many desirous of joining the College, and, as a consequence, hardly three or four students joined it. The professors used to complain that they had to lecture before the mere empty benches, and wished the Director of Education to expunge the obnoxious rule of compulsory matriculation examination. But the Director told them that, as it was a new experiment in India, they must wait and watch the tendency of the people towards the University and the College. Accordingly they did so—and did for the better, too! because there was a slow but steady increase in the number of the matriculated students, when in 1872 a fee of ten rupees (four dollars) was levied from each matriculated student by this very same College, which till then used to be a free institution, and which, but a decade ago, advocated the cause of non-matriculated, and non-paying students. The College has long since reached the zenith of its hope. It is now absolutely over-crowded and over-congested with students. Another college can easily be formed out of it. The rush of the students on leaving one class-room to go to another one to occupy its front seats to hear and take down the lectures better is—to say the least—an unpleasant sight to look at. This splendid College—strange to say—has but three lecture-rooms; yet, a splendid museum, and students' library, which, though but an offshoot of yesterday, is raised solely and exclusively by the exertion of Dr. J. B. Lyon for the benefit of the students. The good name of Dr. Lyon, who in his short career as the principal of the College brought on such splendid reforms in the College, as were never dreamt of by his predecessors, for as many years as this illustrious worthy had been for months, will ever be cherished in the heart of every student with extreme pleasure and pride. The constant rush of the students

from one class-room to another, and the consequent uproar thereon, drew attention of the Faculty, who communicated with the Government to extend out its wings, and thereupon the College was extended. Very recently a medical laboratory is in the course of being established, of which a short notice has been taken by your valuable *REPORTER* of July 13, 1889, page 52, under the heading of "Notes and Comments." The College can well boast of a roll of its illustrious principals, of whom the pioneer was Dr. C. Morehead. He was succeeded by Dr. Pitt, and a few years after him came Giraud, Haines, and Balingall. After them came Dr. Hunter and Dr. Sylvester. Dr. Sylvester retired in 1873, and Dr. Hunter left the principalship of the College in 1876, to become Surgeon-General with the Government of Bombay. Dr. Hunter was succeeded by Dr. Cook as the principal. After his departure came the great scientific investigator, Dr. H. V. Carter; the same worthy who has made drawings in Gray's Anatomy. He stayed in the College from morning till evening, thus doing his duty conscientiously to the Government, and advantageously to the students. The College, the students, and the entire medical profession were extremely proud to have Dr. Carter amongst them. His boundless scientific attainment used to inspire awe and respect wherever he went. The College saw an extensive reform of entirely a different nature during the principalship of this worthy and illustrious physician. It was the inauguration of ladies' medical class. In this College ladies and gentlemen take instructions together in the same class-room and on the same benches. All honor to Dr. Carter. After the retiring of this worthy, much to the regret of the medical profession, came Dr. Lyon as an acting principal. As the opening of ladies' classes was by Dr. Carter, so the formation and raising of a "Students' Library" was the work of Dr. Lyon. In the short stay of six months, this illustrious physician brought on great reforms and changes in the College, for the benefit of the students. He got over some rich Parsee grandees to lay out a sum of several thousand rupees to buy out a medical library. It seems as if it is not given to Grant Medical College to use the best of its benefactors for a long time; because Dr. Carter and Dr. Lyon went off from the post of principalship in a very short period. The College has the busts of Drs. More-



head, Pitt, Haines, and Ballingall. Since their time there were none who deserved that sort of honor. Now there are two illustrious worthies who deserve the honor of their busts in justice and equity: they are Dr. Carter and Dr. Lyon; indeed, the College needs more Carters and Lyons. Dr. Lyon was fully entitled to become the permanent principal of the College, but Dr. Gray now enjoys this honor. Dr. Gray is the senior surgeon of J. J. Hospital (in connection with the College), and occupies the chair of medicine in the College. Heretofore the rule was, that the first physician of the hospital should occupy the chair of medicine in the College, and this is the first time in the history of the College that its principal is not a physician but a surgeon.

D. D. BODE, M. D., D. D. S.

## NEW YORK CORRESPONDENCE.

### IN BELLEVUE HOSPITAL.

*Clinic of Dr. Bryant, with some Statistics and Observations.—How Bubo is Treated.*

NEW YORK, October 30, 1889.

Now that the colleges are in session, the clinics in Bellevue Hospital have been resumed. Among the professors who hold them are Drs. Stimson, Polk, Loomis, Thomson, Lusk, Bryant, Dennis, Janeway, Gouley and Stephen Smith. Few clinics are more largely attended than are those of Prof. Bryant. He is a fine operator, a good instructor, and has a genial, hearty manner that is much in favor with the doctors and students. His clinic last week was upon bow-legs and knock-knee. The case operated upon was one of extreme knock-knee in a child. The bones were straight, the deformity resulting from elongation of the internal condyles. Hence, said he, supra-condyloid osteotomy was indicated. For this he has two guides: the spine of the internal condyle and the tendon of the adductor magnus, his incision being made in front of the tendon and one inch above the condyle. The incision should go to the bone, the periosteum being divided, and then, with the scapel for a guide, the chisel should be inserted. He cuts the bone partially through and finishes by breaking. There are two dangers: first, the chisel may be driven into the popliteal artery, and second, there may be an abnormal distribution of

the anastomotic magna, which may be cut, giving rise to profuse hemorrhage. Neither danger is of consequence, with proper care. The deformity of the case in question was completely corrected by a simple "transverse osteotomy." Silk was passed through the wound for drainage, the incision was sewed up with catgut, and an antiseptic dressing was applied, bichloride of mercury being used. Buck's extension apparatus, with the leg at right angles with the body (for convenience), was applied. After three days Dr. Bryant dressed the leg, and, if everything is right, the limb is put up in a plaster of Paris splint. Sometimes the temperature rises to 103° and 104°, after such an operation, but if, on inspection, there is found no suppuration at the seat of operation and no pulmonary trouble, such as fatty cedema—which has been known to occur—the temperature should cause no alarm. It is sometimes the practice to wire the bones, but Dr. Bryant thinks this usually needless. He showed one case on which tibial osteotomy had been performed for bow-legs, the bones being wired. Necrosis of the bone, with two sinuses in the soft parts, one above and the other below the seat of fracture, was the result. He treated this case by cutting down to the bone, dividing and elevating the periosteum and thoroughly scraping away the dead bone. Then, leaving a sinus for drainage, he sewed up the incision in the periosteum and closed the external wound. Although he united the edges of the periosteal incision, he does not think periosteum is necessary for the formation of bone. On the contrary he teaches that any tissue in contact with bone will produce bone granulations. The children here affected with deformed legs are usually rachitic and their bones on division bleed profusely. The hemorrhage, however, is not dangerous, and soon stops.

In extreme curvature of the bones Dr. Dennis removes a V-shaped piece of bone. This, however, is not done in all the divisions of the hospital. In one service, in the last six months, twenty operations were performed for genu valgum and genu-varum; and, although some of the cases were as extreme as is possible, simple transverse division was all that was ever employed. Without exception every case was completely cured by one operation, and there wasn't one single complication. The rule was to cut down on the bones at the points of greatest

curvature, break them, unite the incision in the soft parts with catgut without drainage, apply an antiseptic dressing (bichloride), and over all immediately put on a plaster splint with the deformity corrected. Then the cases required no more attention till five weeks later when the dressing was removed, always to find a perfect result, the incision healing by primary union and the bones uniting firmly. Though in some legs both tibial and femoral osteotomy were done, and there were legs in which four fractures were made, there was not a case in which Macewen's operation—which invades the knee joint—was thought necessary. In these rickety charity patients, in whom a contusion often sets up an obstinate arthritis, it is thought dangerous to make a fracture implicating the joint, no matter how complete the antiseptics may be. Braces and such apparatus are never used in Bellevue.

There is a method of operating for bubo much used here, which, so far as I know, has never appeared in print. It was devised by Dr. W. N. MacArtney, house-surgeon of the First Surgical Division, and it has this advantage over the method of dissecting out the glands: that it is less dangerous, there is less hemorrhage, and the wound heals much quicker. The last is especially noticeable, in nearly all operations primary union being obtained, although foul venereal pus often escapes into the wound. The operation is simple and is as follows: An incision is made directly over the tumor and carried down until the sacs of the enlarged glands are incised. Then with the finger the glandular substance can easily be peeled out. The sacs are allowed to remain. The remaining cavity is washed out and the incision is sewed up, drainage being arranged for.

Experience in the Chambers Street Hospital demonstrates that chancroidal bubo can be aborted by the use of salicylic acid on the sore. Even after inflammation of the glands is far advanced, the powder causes it to subside. This is the routine treatment followed there in a very large venereal class, both for bubos and chancroid. No external application to the bubo such as tincture or ointment of iodine has been found to be of service. Ordinary cases of gonorrhoea are usually treated there as follows: for the first or acute stage, the urine is simply made alkaline by the internal administration of a solution of acetate of potassium; in the second stage, an injection of

a mild solution of the sulphate of zinc is used. It is simple and works well. At the Post Graduate Hospital, a 1 per cent. solution of creolin is used as an injection in the acuter stage. In Bellevue an injection much used is a 1 in 10,000 solution of the bichloride of mercury.

## PERISCOPE.

### Is Hydrophobia an Infectious Disease?

Dr. N. E. Brill, of New York, in answering the question "whether hydrophobia exists as an infectious disease," in the *Medical Standard*, Nov., 1889, says that the more he examines the subject of *lyssa* the more he is convinced that this *bête noir* of human pathology does not exist in the race as a pathological entity; that persons bitten by dogs, rabid, or alleged to be rabid, exhibit a combination of grave symptoms, there can be no doubt; but that these symptoms are the result of an infection derived from the teeth and salivary secretions of the animal, admits of serious question. Of course an assertion cannot have any weight unless it be substantiated by a reasonable amount of proof. The following facts summarize the position taken by the writer:

First. All infectious diseases known to man have a distinctive set of symptoms, follow a certain course, and exhibit a fixed pathological basis. Can the same be said of *lyssa*? Whoever has examined cases of this alleged disease during life, and the organs of the affected individual after death, will be compelled to say: The symptoms of my cases corresponded in no particular except, perhaps, in the dread which all, or nearly all, my cases presented. The *post-mortem* record of all these cases presented absolutely no data on which to assume that an infection had performed its deadly work.

Four different varieties of bacteria have been described as being the cause of this disease. If observers were more numerous there would be no limit to the varieties of bacilli and micrococci which would be found in the blood and secretions of an individual alleged to be suffering from *lyssa*. Dowdesuree found a micrococcus, Motte and Protopopoff a bacillus, while Solles found a bacillus differing in shape from the former. When the number of varieties will cease is a question which, in the present state of bac-

teriological science, will not permit of an answer.

Secondly. All infectious diseases known to us have a constant period of incubation. Lyssa certainly has not. Numerous cases attest that the alleged period of incubation extends between a few hours and seventeen years. It may be said that syphilis shows this tendency; but who will say that the initial symptom of the latter disease can always be detected?

Thirdly. There are no constant and invariable signs of this disease. Neither is its course uniform nor is its clinical history. If these criteria, which would make a nosological entity of lyssa, were the fact, it would have a recognized stable pathological basis. The converse of this proposition is likewise true. For example, have the clinical or pathological histories of typhoid, smallpox and anthrax changed? Are they inconstant? And can the same be said of lyssa? What must we then infer? The only inference which can be drawn is that no infectious agency can be the ultimate cause of this disease.

And yet the bite of a rabid dog (and for that matter of a dog that is not rabid) is oft followed by fatal results. If there be no infection in the bite, what has caused death? Laying aside the numerous diseases which have been mistaken for lyssa, it is my opinion that the fatal results in all cases may be relegated to one of the following categories: Septicemia, tetanus, acute delirium (grave delirium, typhomania). The presence of either the first or the second of these classes may be readily explained. That of the third is not so readily. However, it is my purpose to show the chain of thought which induced me to place this third category in this classification.

It is a fact known to alienists that grave delirium more frequently follows intense emotional shocks than any other form of mental disease. Fear and dread, the result of the superstitious traditions which are attached to dog bites, are the predominant factors, to which must also be added expectant attention, in the production of the mental disturbance of lyssa. These disturbances correspond in all particulars to the clinical history of acute delirium. My belief is therefore that in the great majority of cases lyssa is but this form of insanity—an insanity which is known to be very fatal. It is not the infection of the bite which produces this form of lyssa, but the fear and

expectant attention which the bite has engendered.

### Salol in Gastro-Intestinal Derangements of Childhood.

Dr. Carr writes on the above subject in the *Archives of Pediatrics*, for September. In his own experience the drug was used in all the disorders of the stomach and intestine common to children, but with the most success in the cases of acute gastroenteritis caused by improper diet or from temperature changes. The dose and mode of administration vary somewhat in different cases; the preference being to give the salol alone unless there is some particular reason for combining it with another agent. If the symptoms are those of acute gastroenteritis with the vomiting of milk, or of other food, and the movements from the bowels are ill-smelling, loose, and quite frequent, the administration of salol, while maintaining perfect rest of the stomach and bowels, will be all that is required. Should the vomited material contain bile and the stools have a lumpy, clay-like appearance or be streaked with bile, the addition of a small quantity of calomel or of mercury and chalk will bring about a quicker relief. This may be explained, partially, by the effect of the mercurial on the obstructed ducts of the liver and pancreas.

When the movements of the bowels become frequent and the discharges serous, the effect of the salol, besides the neutralization of the disagreeable odor, seems to be almost negative. It is seldom that the watery motions are lessened by the salol unless given in combination with opium or bismuth. In dysentery and severe colitis salol exerts very little control on the tenesmus and bloody passages.

The dose of salol will depend much upon the requirements of the case. For children under six months one-half grain every two hours for three or four doses will be found sufficient; between the ages of six to eighteen months half a grain to a grain and a half; at two years a grain and half to two grains will usually be efficacious. The drug is best dispensed combined with some inert powder. Children take it readily if it is placed on the tongue or in a spoon. It never, so far as the writer is aware, causes toxic symptoms or any of the irritation of salicylic acid. Abstinence from food that would continue the irritation of the stomach



is of the same importance in the employment of salol as in the treatment of all disorders of digestion in children.

The conclusions drawn after the use of salol indicate that it is an easily administered, safe drug in the first stage of acute gastro-enteritis in children, and in the more chronic forms of entero-colitis, accompanied by slimy bad-smelling evacuations. In the acute condition it is necessary to keep the stomach at rest and administer two or three doses of salol within five or six hours. For the more chronic state of catarrh, it is best given in somewhat larger doses before meals. In frequent serous discharges and in colitis the salol does not produce the same good results as in the cases mentioned above, and its effect is uncertain, not being so rapid or so sure as an opiate. In dysenteric disorders it cannot be relied on.

It seems, then, that salol acts best in morbid conditions due to fermentation and decomposition in the stomach and upper bowel, and that it diminishes in power as it passes through the large intestine.—*Boston Med. and Surg. Journal*, Oct. 24, 1889.

#### A New Antispasmodic.

Formyl-para-amidophenolether is another new synthetical remedy that will probably soon be met with in commerce. It is not an antipyretic, but is said to affect the spinal cord. If its claims are confirmed it may prove useful in convulsive diseases.—*Chemist and Druggist*, October 26, 1889.

#### Reporting Typhoid Fever.

In Michigan typhoid fever is a disease which the State Board of Health has declared to be "dangerous to the public health," and as such it comes under the law requiring physicians to report to the Health Officials. Any physician who shall neglect to immediately give such notice, "shall forfeit for each such offense a sum not less than fifty nor more than one hundred dollars." And since October 1, "any householder who shall refuse or willfully neglect immediately to give such notice, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of one hundred dollars, or in default of payment thereof may be punished by imprisonment in the county jail not exceeding ninety days."

The *Med. Age*, October 10, 1889, says that this law applies to scarlet fever,

diphtheria, small-pox, and all diseases dangerous to public health, as well as to typhoid fever, and that every case should be reported to the Health Officer, who is required to promptly attend to the restriction of the disease. The new law makes it a misdemeanor, punishable by fine or imprisonment, for the Health Officer to knowingly violate the enactment, or for any person to violate the orders of the Health Officer made in accordance with it. The actual penalty, however, which is incurred is—*Death!* And about one thousand people are lost in this State annually from typhoid fever alone. The saving of a large proportion of these lives is the real reason for the effort, in which it is hoped all people will join.

#### Treatment of Baldness.

Dr. E. Besnier, in the *Journal de Méd. de Paris*, states that the falling out of the hair may be checked and a new growth started by the following treatment: The hair should be cut short and a mild sinapism or rubefacient applied to the scalp; then every five days the following lotion is to be applied:

R Acid. acetic.,  
Chloroformi . . . . . aa q. s. M.

The above should be used cautiously, as it is an irritant, and stimulates the hair powerfully. In connection with the above, the following pomade should be used:

R Acid. salicylic . . . . . gr. xv  
Sulph. precip. . . . . ʒjss  
Vaselini . . . . . ʒv.—M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.—*Journal of Cutan. and Genito-urin. Diseases*, Oct., 1889.

#### Codeine.

Notwithstanding the large number of synthetical hypnotics now before the medical world, this old remedy has lately been again investigated and recommended by several authors in various diseases. Dr. Rheiner, of Berlin, speaks very highly of it, especially as a mild narcotic in cases of pthisis, where morphia is contra-indicated. Others also recommend it in certain diseases of women.—*Chemist and Druggist*, October 26, 1889.

# THE MEDICAL AND SURGICAL REPORTER.

ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,  
EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,  
P. O. Box 843. Philadelphia, Pa.

## SUGGESTIONS TO SUBSCRIBERS:

See that your address-label gives the date to which your subscription is paid.

In requesting a change of address, give the old address as well as the new one.

If your REPORTER does not reach you promptly and regularly, notify the publisher *at once*, so that the cause may be discovered and corrected.

## SUGGESTIONS TO CONTRIBUTORS AND CORRESPONDENTS:

Write in ink.

Write on one side of paper only.

Write on paper of the size usually used for letters.

Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate or omit words like "the" and "a," or "an."

Make communications as short as possible.

NEVER RECALL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

## TUBERCULOSIS IN SLEEPING-CARS— A FALSE ALARM.

There is no more serious obstacle to real advance in the science or art of medicine than the unwarranted assertions sometimes made by men who occupy positions which give unusual weight to their utterances. It is unfortunate that such men do not seem always to appreciate the responsibility of their position, or to understand the limitations they should set to their *ex cathedra* statements. We are led to these reflections by the remarks made recently by Dr. J. T. Whittaker, of Cincinnati, before the Association of Railroad Surgeons, on "Tuberculosis in Sleeping-Cars;" in which he declared that it would be difficult to conceive of a conjunction of circumstances more directly contributive to disseminate tuberculosis than is offered in the palace car. The

dangerous possibilities of the sleeping-car Dr. Whittaker compares to those of dogs confined in boxes and made to inhale atomized tuberculous material, who thereby become themselves tuberculous.

This, in our opinion, is a very dangerous example of false reasoning. It by no means follows because dogs become tuberculous when compelled to breathe tuberculous material, that men and women who travel in sleeping-cars are likely to become tuberculous because consumptives have occupied the same cars. There is not the least doubt concerning the possibility of infecting animals experimentally with tuberculosis; but they require conditions utterly different from those of a traveler who has consumptive companions, or predecessors. In experimental infection by inhalation it is indispensable that the sputum shall be either coughed or sprayed down the air passages of animals, or suspended thickly in a confined atmosphere which they are forced to respire; and it is well known that, with all these requirements rigidly met, the experiments frequently fail. How slight do the risks of infection in sleeping-cars appear in the light of these facts, and how absurd is it to intimate—as Dr. Whittaker does—that the exhalations of a single consumptive will contaminate the atmosphere of a sleeping-car for a considerable length of time!

As a matter of fact, the danger of acquiring phthisis in the manner suggested by Dr. Whittaker is not great, but exceedingly small. How small it must be will be appreciated by any one familiar with the most careful investigations in regard to the communicability of tuberculosis, and who remembers that such eminent investigators as Baumgarten, Bollinger, Celli, Guarnieri, who thoroughly believe in the tubercle bacillus as a cause of tuberculosis, deny infection through inhalation altogether.

In astonishing and regrettable contrast to this view, Dr. Whittaker's remarks might easily deceive one unfamiliar with the facts to believe that investigators are unanimous in

holding it to be easy to transmit tuberculosis to animals through inhalation. If this inference is not the one intended, Dr. Whittaker's opinions might be expected to rest upon some careful observations of his own, which demonstrate that the views of the best observers who have preceded him are erroneous. But, if he has made such observations, he certainly does not cite them. If there are any facts within his knowledge that support his alarming suggestions, they might be such as that he knew of cases of tuberculosis fairly attributable to infection in sleeping-cars—a tolerably easy sort of claim to make—or that he had gathered statistics showing that conductors, porters, and other sleeping-car employees, who are exposed to this danger almost all the time, are peculiarly liable to succumb to consumption. But Dr. Whittaker produces no evidence of this sort, and his utterances seem to be as unjustifiable as they are alarming. We regret to see them quoted in different directions and by influential medical journals without criticism, and hope that some of our contemporaries will join in endeavoring to prevent the mischief which they are likely to do if allowed to pass unchallenged.

#### COMPULSORY NOTIFICATION OF DISEASE.

The Medical Society of the District of Columbia, in Washington, has been carefully studying the subject of the compulsory notification of diseases by physicians to the municipal authorities, and has just received a report from a committee appointed to consider the question of the adequacy of the present regulations for the prevention of diphtheria in that city.

The committee found that no physician or other person, in the District of Columbia, is required to notify the Health Officer of the existence of any contagious or infectious disease, except that of small-pox.

At the present time, the Health Officer has no power to make effective regulations.

No notification is required to be made to the Health Officer, nor is any house placarded. The Health Officer could inspect school-houses when disease is known to be present, but he has no means of knowing this except by common rumor. The regulations for the government of the schools are made by a board of trustees. No physical examination of the scholars for admission to the schools is required, other than the production of a vaccination certificate. Teachers may send children home whenever it is found that contagious diseases exist in the family, or whenever a child has a fever or sore throat it is sent home. The committee thinks it would be practicable to require every scholar to produce a health certificate from the family physician, which health certificate should not only certify that the scholar had been vaccinated, but that he had not, within a period of thirty days, been exposed in his or her own domicile to the contagion of measles, scarlet fever, or diphtheria.

The committee suggests that the regulations in regard to small-pox should be made to include scarlet fever and diphtheria, and that the regulations governing warning signs, isolation, disinfection, and care of the sick-room, notice to the Board of Health, and interments, should be strictly enforced, with regard to these diseases, in the manner now provided in regard to small-pox. The committee proposes a law, making it the duty of every registered practicing physician in the District of Columbia to report, as soon as practicable, to the Health Officer, on forms to be furnished by that officer, the occurrence of any case of scarlet fever or diphtheria coming under his observation.

The proposed act also provides that it shall be the duty of the Health Officer to cause a suitable warning sign to be displayed from the front of the premises, where any case of scarlet fever or diphtheria is present, to cause the premises to be properly disinfected, and to issue instructions for isolation of the patient. It also makes it unlawful



for any person to visit or attend any public or private school, or place of public assemblage, or to appear on the public streets, or in the parks while affected with scarlet fever or diphtheria.

This report was discussed at great length and its ultimate fate is not yet determined. Such propositions usually encounter many obstacles in passing through large bodies of medical men, and others, even more formidable, when they come before legislators.

In the present case there is room to question the practicability and utility of certain provisions of the act proposed, although its purpose and general outline will be likely, we think, to meet with the approval of all students of public health.

#### NAPHTHOL IN THE TREATMENT OF TYPHOID FEVER IN CHILDREN.

The use of naphthol in typhoid fever has already been followed by considerable success in a large number of cases; the results obtained being attributable to the antiseptic properties of the drug. This treatment of typhoid fever was, according to the *Gazette Hebdomadaire de Méd. et de Chir.*, Oct. 4, 1889, first introduced by Dr. Bouchard. Following in his footsteps, Dr. Legroux, of Paris, has adopted a similar therapy in the treatment of enteric fever in children.

The method advocated by him is as follows: As soon as the presence of the disease is confirmed, a purgative of calomel should be given. Two doses, of from five to nine grains, a few hours apart, are best. The administration of naphthol should be given two days later. This drug may be given either alone, or else in combination with salicylate of bismuth or salicylate of magnesia. If slight diarrhoea is present, three grains of beta-naphthol should be given every hour; and if the diarrhoea is copious, a prescription composed of thirty grains each of beta-naphthol and salicylate of bismuth, divided in ten powders, may be ordered. One powder may be given every hour, the

whole ten to be taken within twenty-four hours. If there is any constipation, salicylate of magnesia may be substituted for the salicylate of bismuth in the above prescription, and a similar dose employed.

#### TENTH INTERNATIONAL MEDICAL CONGRESS.

The most recent German medical journals contain the Statutes and Programme of the Tenth International Medical Congress, which is to be opened in Berlin on August 10, 1890. It is evident that the Organizing Committee is doing all it can to insure the complete success of the coming Congress. The Congress will be divided into eighteen Sections, and each of these will be presided over by a Chairman and a number of honorary chairmen. On account of the various languages used, secretaries of various nationalities will be employed. The Committee on Organization will decide whether any paper presented shall be read in the general session or in its respective sections. This Committee also requests that any suggestions concerning the organization of the Congress should be sent to it before July 1, 1890.

Members taking part in the discussions will be requested to hand their remarks, in writing, to the Secretary at the close of session. The official languages of the Congress will be German, French, and English. Introductory addresses will be restricted to twenty minutes and individual remarks in discussions to ten minutes. Students of medicine and the laity, both male and female, will be admitted, on invitation of the Chairman, to the Sections in which they are especially interested.

—The number of students attending the Chicago medical schools this year is considerably increased. The average increase in the four regular medical colleges probably amounts to ten or fifteen per cent. over the previous year.

## BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

**THE STORY OF THE BACTERIA AND THEIR RELATIONS TO HEALTH AND DISEASE.** BY T. MITCHELL PRUDDEN, M. D. 16mo, pp. vi, 143. New York and London: G. P. Putnam's Sons, 1889.

So much is said about bacteria at the present time that a book written on the subject in the interest of laymen will find many readers. Dr. Prudden first explains that the human body is made up of cells in various combinations, and then shows how unicellular organisms are capable of all the essential functions of life, such as in the human body are performed by complex organs. The harmlessness of certain bacteria is strikingly stated in the following passage: "There is really very little difference, so far as wholesomeness is concerned, between the few thousand vegetable cells which we call bacteria, which may be clinging to the surface of a grape, and a few hundred vegetable cells of which the grape itself is composed."

Dr. Prudden has succeeded in presenting an admirable summary of what is known and believed regarding bacteria and bacterial diseases. The book is both interesting and instructive, and will be read with pleasure, especially by intelligent laymen.

**TRANSACTIONS OF THE TWENTY-FOURTH ANNUAL SESSION OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA**, held at Philadelphia, September 18-20, 1888. 8vo, pp. 391. Philadelphia, 1889.

Among the papers in this volume is one on tinea tonsurans, by Dr. J. H. Classon, of Philadelphia. He gives a good description of the disease and reports five cases. He regards an ointment composed of one drachm of oleate of copper and four drachms of vaseline, as the most preferable local application. He is in error, however, when he states: "Observation tends to show that the growth of the trichophyton may produce tinea versicolor." The latter affection is caused by an entirely separate fungus—the microsporon furfur.

The largest paper in the volume is one on "Arsenicum Album," by the Farrington Club, of Pittsburgh. It is startling and somewhat amusing to read of the symptoms, which are alleged to be exhibited by a person taking the drug, attributed as personal characteristics to the drug. For example: "Arsenic is determined to commit suicide, he suffers so;" "arsenic causes great fear and anguish; sees ghosts day and night." Among the leading characteristics of arsenic are mentioned burning, and inflammation of the skin. According to the so-called law of similars, we should therefore expect arsenic to be useful in acute inflammatory skin affections. As a matter of fact it is useful in the dry, chronic scaly skin affections.

The book is well printed and well bound. It bears throughout distinct evidence that homoeopathic practitioners are becoming more liberal.

**ESSENTIALS OF PHYSIOLOGY, ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS.** Prepared especially for students of medicine. BY H. A. HARE, B. Sc., M. D. (Univ. of Pa.), Demonstrator of Therapeutics in the Medical Department of the University of Pennsylvania, etc. Second edition, thoroughly revised and enlarged. 8vo, pp. iv, 173. Philadelphia: W. B. Saunders, 1889. Price, \$1.00.

The author states, in the preface to the present edition, that he has endeavored to improve each portion of the work. The illustrations have been increased three-fold, and a greater number of questions and answers on the nervous system have been given, while others, which were not as clear as they might be, have been rendered easier of comprehension. The book in its present shape gives a good review of the essence of our knowledge of the blood, circulation, respiration, digestion, excretion, the nervous system, including the special senses, and of generation and the development of organs. It is calculated to be useful to students preparing for examination and to others who desire to refresh their memories by a few moments reading.

The last page of the book is numbered 193; but there are not that many pages in it, even if two advertising pages in the front, the title-page, and all the fly-leaves are counted.

**MEDICINAL KALENDER FUER DEN PREUSSISCHEN STAAT AUF DAS JAHR 1890.** Erste und Zweite Abtheilungen. Berlin: August Hirschwald, 1890.

The book which in Germany takes the place of the Pocket Records and Visiting Lists in this country, is a visiting list in one volume, and a general directory of the profession in Germany, with a vast deal of accessory information in another. It is of much interest to all who have an interest in German medical affairs, and an exceedingly useful guide to the location and work of men whose names occur in medical literature. It is a welcome visitor to our Editorial table and a good friend many times.

## LITERARY NOTES.

—J. B. Lippincott Company announces a new edition of *Remington's Practice of Pharmacy*, ready for delivery November 5. More than 200 pages and 140 new illustrations have been added, embracing over 100 autograph prescriptions on enamelled paper, and many other new features.

—Dr. Reichardt, who has for many years edited the *Archiv der Pharmacie*, has announced his intention of retiring. The journal will continue to appear under the joint editorship of Professors Schmidt and Beckurts, of Berlin.

## CORRESPONDENCE.

## Treatment of Rattlesnake Bite.

TO THE EDITOR.

Sir: I see in the REPORTER, No. 16, October 19, 1889, an article headed "Death from Rattlesnake Bite."

Why will the medical profession continue to play with these snake bites by the use of whiskey? Why not read such standard works on the subject as Cooper, Gibson and others? I know they are right in directing the use of olive oil. I have used it for forty years in a large practice of that class of cases, and in no case has it failed to give

immediate relief, and produce a permanent cure. Use none other than the pure virgin oil and it will cure every case, and no mistake.

Yours truly,

C. R. EARLEY, M. D.

Ridgway, Pa.,

Nov. 12, 1889.

**Gonorrhœa at Five Years of Age.—  
Death after Nitrous Oxide Anæsthesia.—Reunion of Cut-off  
Fingers.**

TO THE EDITOR.

Sir: In the REPORTER of October 19, a case of gonorrhœa in a boy five years old is reported by Dr. D. D. Custer, of Manayunk, Pa. In 1877 a woman brought her son, aged five years, to me, saying that something was wrong with him; that he cried when he urinated, and this was quite frequent. On examination I found he had a well-defined case of gonorrhœa. Investigation proved that the hired girl had seduced him, and he contracted gonorrhœa from her. My partner, at the time, was treating a young man who contracted the disease from the same woman.

In the REPORTER of November 2, you mention a death from nitrous oxide gas, or rather from apoplexy following administration of the gas. Several years ago I administered nitrous oxide gas to a lady, for a dentist to extract some teeth, and she came near dying from what I then considered threatened apoplexy. The case you mentioned reminded me very forcibly of my experience then, and I hope never to have a repetition of it. In the same issue of the REPORTER, Dr. A. Hamilton Deekens reports the union of a cut-off finger, which reminds me of what happened to an old physician many years ago; long before antiseptic surgery was practiced. A man, with a finger cut off, came to him, bringing the finger. The doctor was drunk, and sewed the finger back. It united nicely. But lo! the doctor had sewed it on with the palm surface turned the wrong way. The doctor, after sobering up, wanted to amputate the finger and try to put it back right, but the patient declined and the doctor was annoyed, many years, by having his mistake constantly exhibited as a great curiosity.

Yours truly,

S. W. SANFORD, M. D.

Henning, Tenn.,  
Nov. 5, 1889.

**NOTES AND COMMENTS.**

**Absence of the Uterus.**

In the *Virginia Med. Journal*, October, 1889, Dr. Louis A. Bryan, M. D., of Houston, Texas, reports an interesting case of congenital defect. He was applied to by a mulatto woman and her husband for relief from an obstruction of the vagina which prevented perfect coition. After a preliminary examination, he appointed a day and invited Drs. Burroughs and Autry and Dr. Scott to visit the case with him and assist in an operation, if, after a careful examination, we thought it advisable to make one—his preliminary examination having only gone so far as to establish the existence and location of the obstruction.

At the time appointed it was found that the external organs were in normal condition and well developed. The index finger, being passed into the vagina, found it in a normal condition in all respects for about two-thirds of its length from the vulva; at this point it was perfectly closed by a membrane of the same character and equally dense and resistant as that of the walls of the vagina. With the index finger in the rectum and a sound passed into the bladder, the vagina could readily be traced to its terminal point, which was abrupt, and beyond which no tissue of any character could be detected between the finger and the sound except the walls of the bladder and vagina; as far as the examiners could explore there was no trace of a womb discovered. This, they decided, settled the question of an operation in regard to opening the vagina, and they did not proceed to the operation of dilating the sphincter ani and introducing the hand into the rectum to search for a womb, for it was thought that if such an organ was anywhere located, it had no connection with the vagina.

This subject was a bright mulatto woman rather above medium size, well developed, twenty-five years old, who had been married two years, had never menstruated, but suffered at each recurring period with severe pain in the head and a heavy sensation and some congestion of the eyes. When about seventeen years old she had to be relieved from the care of a child to which she was nurse for one or two days at each period on account of her severe suffering. She complained of no abdominal or other pains except those of the head.



She said that she had sexual desires and enjoyed sexual intercourse, at the conclusion of which there is a sense or feeling as if something were in the vagina which she has the desire but not the ability to discharge.

#### Directions for Using Plain Cod Liver Oil.

A few grains of salt on the tongue before taking, renders cod-liver oil palatable, and suggests sardines. A bite of pickle before and after, renders the dose acceptable. Where liquor may be safely used, a small quantity of good whiskey is one of the best vehicles for administering cod liver oil.

The dose should be small at first: say a half teaspoonful, gradually increased to a dessert, and even a table spoonful, three or four times a day, and is best taken a half hour after meals. In all cases it should be persisted in for some time, and without intermission.

The great point is to secure oil of undoubted purity and freshness.

#### Hyoscine as a Sedative.

Mr. A. S. Barling, in writing on the value of hyoscine as a sedative in *The Lancet*, October 26, 1889, says that in 1887 and 1888, when in residence at the Leeds Infirmary he frequently gave it, and its administration became quite the routine practice in almost all cases of mental derangement. The solution generally used has been one of the hydrobromate, one grain to 200 minims, or of the hydriodide. This was found to be more convenient than the weaker solutions which were tried at first. The usual dose to begin with was  $\frac{1}{100}$  grain, but this was generally largely increased. He has given as much as  $\frac{1}{30}$ . Most of the cases that he has seen have been such as occur in the ordinary run of hospital practice—notably delirium tremens, acute mania following operation, and delirium caused by heart disease. In all of these its success has been most marked. The effect of the drug shows itself in from one to five minutes. The patient becomes less noisy, and his articulation indistinct, drowsiness then comes on, and, although in many cases the man seems to fight against the drug, he soon becomes quiet and lies quite still, often with his eyes partly closed. In about half the cases this state gives place to sleep. This is

generally accompanied by stertorous breathing and by a peculiar twitching of all the voluntary muscles; the patient can, with great difficulty, be roused, and his pupils are dilated and do not react to light. Besides the cases mentioned above, Mr. Barling has given it to a man with intense neuralgia of the supra- and infra-orbital nerves. The patient was a confirmed opium taker, and morphia had little effect on him. Hyoscine frequently gained him some hours' sleep when morphia and chloral had failed. In yet another case, one of very severe chorea, it sent the patient to sleep after many drugs had been tried in vain. Unpleasant after effects following hyoscine are not so common as after morphia though there is often some dryness of the throat and weariness.

#### Source of Colors.

The cochineal insects furnish a great many colors. Among them are carmine, crimson, scarlet carmine, and purple lakes. A sea shell belonging to the purpura, and found in Japanese waters, gives a rich violet dye. The cuttlefish gives the sepia. It is the inky fluid which the fish discharges in order to render the water opaque when attacked. Indian yellow comes from the feces of the camel. Ivory chips produce ivory black and bone black. Prussian blue is made by fusing horses' hoofs and other refuse animal matter with impure potassium carbonate. Various lakes are derived from roots, barks, and gums. Lamp black is soot from certain resinous substances. Turkey red is made from the madder plant, which grows in Hindostan. The yellow sap of a tree of Siam produces gamboge; the natives catch the sap in cocoanut shells. Raw sienna is the natural earth from the neighborhood of Sienna, Italy. Raw umber is also an earth found near Umbria and burnt. India ink is made from burnt camphor and gum. The Chinese and Japanese are the only manufacturers of this ink. The process is a tedious one and requires great skill. The finer grades of India ink are delicately scented with attar of roses, and one stick about three inches long may cost four or five dollars. Age improves the ink. Mastic is made from the gum of the mastic tree, which grows in the Grecian Archipelago. Bistre is the soot of wood ashes. Very little real ultramarine is found in the market. It is obtained from the precious lapis-lazuli, and commands a

fabulous price. Chinese white is zinc, scarlet is iodide of mercury, and native vermilion is from the quicksilver ore called cinnabar.

### Effect of Mental Impression.

A curious case of traumatic hysteria was recently reported by Dr. William C. Thompson. The patient, a man fifty years old, had seen an Italian killed by a shock from an electric wire. Two weeks later he was struck on the head by a cut wire; he at once grasped it in his hand and fell down, only recovering his senses several hours later after having been taken to a hospital. He was then found to have right hemiplegia and hemi-anesthesia and all the symptoms of typical hysteria. The wire that had struck was a "dead" one, that is, no current was passing through it at the time of the accident; the blow had also been but slight, causing no contusion.

### Reception to Dr. Rihl.

Members of the Northern Medical Association and other professional friends tendered Dr. Henry W. Rihl a reception and banquet at the Colonnade Hotel, Tuesday evening, October 29. The special occasion of the banquet was the return of Dr. Rihl from a trip to Europe; but it was in honor of a career of forty years as a practitioner of medicine, and as a mark of the respect and esteem in which Dr. Rihl is held, both as a man and as a physician, by all who know him. The attendance was large and the occasion was a success in every way. Toasts were responded to by Drs. Rihl, Gibbs, Mills, Hess, Roberts, Collins and others. The toast master, Dr. E. W. Holmes, added much to the enjoyment of the evening by his geniality and wit.

### Some Results of Compulsory Notification.

Dr. Campbell Munro, in recording the death-rate of the Jarrow urban district, in County Durham, England, during 1888 as 17.1 per 1,000—this being the smallest rate since 1871, when it was 34.7 per 1,000—takes occasion to refer to the operation in Jarrow of the compulsory notification of infectious diseases, and for this purpose he

contrasts the period 1871-78 and 1879-88. In the former, when no such system was in force in the borough, the mean death-rate from all causes was 25.2 per 1,000; during the second period, when notification was in force, it was 20.8.—*The Lancet*, October 26, 1889.

### Death from Chloroform.

A death from the inhalation of chloroform occurred at the Richmond Hospital, London, Oct. 12. The patient was a woman, who was about to undergo amputation of the thumb. She had taken a very few inspirations when her face was observed to become deeply congested. The administration of the anæsthetic was at once stopped, artificial respiration was set up, and the external jugular vein was opened, but she never rallied. At the autopsy examination the heart was found to be infiltrated with fat and the brain to be congested. The coroner's jury found that the anæsthetic was skilfully administered.—*British Medical Journal*, Oct. 12, 1889.

### The Normal Thoracic Resonance in Left-handed Persons.

It is a well-known fact in clinical medicine that the normal percussion resonance of the thorax is higher pitched on the right side than on the left; Mr. W. H. Brazil, of Bolton-le-Moors, England, states, in the *British Medical Journal*, October 26, 1889, that so far as he has been able to ascertain, no mention has hitherto been made of an important exception to this rule which exists in the case of left-handed persons. In all the cases of this kind which he has up to the present time been able to collect the difference between the thoracic percussion resonance observed in them and in ordinary right-handed patients has been both uniform and decided. He sums up the results obtained on thoracic examination as follows: 1. The percussion resonance is higher pitched on the left side of the chest than on the right, this higher pitch affecting all regions of the thorax. 2. The vocal fremitus is greater on the right side than on the left, agreeing in this respect with the normal right-handed thorax. The first of these points has a certain degree of theoretical interest, inasmuch as it confirms the generally accepted explanation of the higher

pitch usually observed on the right side, namely that it is due to excess of muscular development on that side. It has also an obvious bearing on the diagnosis of an early stage of phthisis affecting the left lung, the points of distinction being: first, that the higher pitch in left-handed patients affects the entire left side of the chest instead of being confined to a particular region; secondly, that the vocal fremitus in the former case is greater on the right or lower pitched side.

Mr. Brazil mentions, in conclusion, that he is still collecting cases, and hopes shortly to publish a list with further particulars.

### Human Spermatozoa.

Mr. E. M. Nelson in describing his observations on the human spermatozoa states that the head or spore has not been hitherto correctly figured. In all the drawings that he has seen the ovoid form having been delineated but with the larger end turned toward the tail, whereas the smaller end should be in that position. The head or spore fits into a cup, the outlines of which may be seen in both front and side views. This part does not appear to have been previously observed. At the bottom of the cup is an exceedingly variable part called the calyx, between which and the tail proper is the stem, and in the latter a structure that Mr. Nelson names the joint. On the spore he has observed a flagellum which he calls the filament, its purpose being to guide the spore into the micropyle, or the aperture into the ovum.—*The Microscope*, Oct., 1889.

### What is Vaccinia?

In the October number of the *Archives of Surgery* Mr. Jonathan Hutchinson describes and analyzes in a masterly manner "three latent cases of gangrenous ulceration of the arm after vaccination." So closely did the symptoms simulate some of the manifestations of syphilis that several well-informed medical men held that they were cases of true syphilis. However, Mr. Hutchinson is of the opinion that they were probably cases of vaccinia. This strongly supports the view maintained by Dr. Creighton, that cow-pox is closely allied to the great pox. It should be clearly understood that Dr. Creighton never suggested their identity, but only their

similarity. He says: "A careful and unbiased survey of the facts has convinced me that cow-pox sores must be credited with a power of producing secondary symptoms (I say nothing of tertiary), not because they have the contamination of venereal pox in them, but because their nature is the same, or parallel with, that of the venereal pox itself."

The important question arises and is asked by Mr. H. H. Taylor in *The British Medical Journal*, Oct. 26, 1889, What is vaccinia? Is it cow-pox, or horse-pox, or horse-grease cow-pox, or horse-pox cow-pox, or small-pox cow-pox? Jenner, in his "masterpiece of medical induction," asserted it to be that form of udder disease inoculated from the greasy heels of a horse through the medium of the milker's hands. Sir John Simon maintains that it is small-pox cow-pox. Mr. Hutchinson holds this view. We read: "If we suppose that cow-pox was a disease communicated to the cow by the hands of a milker suffering from variola," etc. It is quite necessary to suppose this, as there is not a single authentic case on record in which a milker with variolous pustules on his hands has been known to infect a cow.

On November 17, 1881, an outbreak of cow-pox was reported at La Forêt, in Eysines. It was a so-called "spontaneous" attack, and not small-pox cow-pox. The Medical Officer to the Local Government Board solicited and obtained some of the lymph, and started the Vaccine Establishment at Lamp's Conduit Street. So Dr. Buchanan believes vaccinia to be the dairyman's cow-pox, or pap-pox. It comes to this, then, that we have at least three varieties of lymph circulating in this country, each believed to be the "life-preserving fluid" by eminent authorities—namely, horse-grease cow-pox (Jenner), small-pox cow-pox (Simon and Hutchinson), cow-pox or pap-pox (Buchanan).

One problem the Royal Commission on Vaccination has to solve is, What is vaccinia? If they settle this one point only, their time will not be altogether wasted.

### Castor Oil Chocolate.

An interesting item which is going the rounds of the pharmaceutical journals, suggests the palatable administration of castor oil by incorporating it with cacao. For this purpose finely powdered cacao, deprived of



oil, such as is found in commerce, is used. This is incorporated with the castor oil and a sufficient quantity of vanilla to flavor it is added. Next sugar is added, and the whole ground upon a heated slab. Finally the mass is transferred into moulds, and allowed to become cold.

The following proportions may be used :

Cocoa, free from oil and powdered	50 parts.
Sugar, in powder	100 "
Castor Oil	50 "
Vanilla, in powder	q.s.

The size of the moulds may be such as to require from three to six of the "chocolate drops" to form a dose for an infant.

### Treatment of Pigment Spots, or Chloasma, in Pregnant Women.

Dr. M. V. Moreier, in the *Monatsheft für prakt. Dermatologie*, recommends the following salve for the treatment of the pigmented spots, or chloasma, not unfrequently observed in pregnant women :

Cocoa butter	each 2½ ounces.
Castor oil	
Oxide of zinc	4½ grains.
White precipitate	2 grains.
Oil of roses	q.s.
Dir.	Apply morning and evening.

—*Le Bulletin Medical*, October 2, 1889.

### Antiseptic Ventilation.

A novel apparatus for filtering and regulating the temperature of air, and, if desired, of sterilizing it, was brought forward at the Worcester meeting of the Sanitary Institute, of England, by Mr. S. M. Burroughs. This apparatus, by means of a revolving fan, blows air to all parts of the building, the temperature being raised in winter by means of waste steam, and cooled in summer by substituting cold water for the steam. The air passes through a coarse strainer to remove dust and floating particles and, when required, is impregnated with the vapor of carbolic acid, eucalyptol, pinol, etc., by means of a suitable mechanism. It is, of course, only applicable in buildings such as factories, where motive power is obtainable; but where that is provided, it is certainly an effectual and economical method of obtaining forced ventilation. —*Medical Press and Circular*, Oct. 5, 1889.

### Kehrer's Operation for Depressed Nipple.

In the *REPORTER*, June 15, 1889, we reproduced from the *Annals of Surgery* an account of an operation for depressed nipple successfully planned and executed by Dr. Oxford, of Chicago. Another method of accomplishing the same purpose is that known as Kehrer's, which is described and figured in a communication to the *Lancet*, July 6, 1889, by Mr. G. Ernest Hermann, Obstetric Physician to the London Hospital.

The cases in which this operation is indicated are those in which the nipple lies in a sort of cup, so that it does not project enough above the surface for the child to seize it, but is otherwise well formed. The operation consists in the excision of a ring of skin, or of two crescentic pieces of skin, surrounding the nipple; so that in the healing of the denuded surface the approximation of the internal and external edges of the ring or crescent may so pull upon the skin immediately surrounding the nipple, and forming the cup in which it lies, as to obliterate this cup and render the nipple accessible to the child.

Mr. Hermann states that he has performed the operation twice. One of the cases he has lost sight of, but in the other he is able to judge of the effect of the operation. The patient, thirty years old, has had three children. The first child she suckled with the left breast, the nipple of which was well-shaped and prominent, but not with the right. The right nipple was sunk in a hollow, so that the child could not seize it, and its apex was drawn in so as to form a dimple. In May, 1887, she was delivered of her second child in the General Lying-in Hospital. She suckled, as before, with the left breast, but the child was unable to take the right. Five days after delivery Mr. Hermann performed Kehrer's operation on the right breast. As the dimple on the nipple ran horizontally, he removed two crescent-shaped pieces of skin, one above the other below the nipple, each piece measuring about two inches long by about an inch across its widest part. The patient returned to the hospital to be delivered of her third child in May, 1889. She can now suckle with both breasts. The right nipple, although not so prominent or well-shaped as the left, yet projects enough for the child to grasp it. The object of the operation has therefore been attained.

## NEWS.

—Dr. J. Frederick Herbert has removed to 1313 Arch Street, Philadelphia.

—Dr. Robert W. Reid has been appointed Professor of Anatomy in the University of Aberdeen, in place of Professor Struthers, resigned.

—The Metaphysical College of Massachusetts has ceased to exist. It dissolved, as recorded by resolutions of its corporators, on October 29, 1889.

—The Department of State has received a despatch from E. H. Plumacher, United States Consul at Maracaibo, denying most strongly the reports of yellow fever in Venezuela.

—A medical student, of New York, is reported to have manifested his lunacy by the strange freak of eating a portion of the body of a negro which was being dissected.

—On Nov. 12 the American Association for the Study and Cure of Inebriety, gave a banquet to Dr. Joseph Parrish, at Burlington, N. J., in honor of his seventy-first birthday.

—A number of London physicians have organized a "Hypnotic Society," for the purpose of studying hypnotic phenomena, and securing a law prohibiting public séances of hypnotism, mesmerism, etc.

—The new Christ Hospital in Jersey City, New Jersey, was dedicated November 13, by the Rev. Bishop Starkey, of the Newark diocese, assisted by Bishop Quintard, of Tennessee, and a number of local clergymen.

—The Rosemont, Pa., druggist who was convicted at the October term of court at Norristown, of selling liquor without a license and without a prescription, was sentenced, November 11, to pay \$500 fine and to undergo three months' imprisonment.

—Dr. William A. Hammond, of Washington, D. C., is conducting a number of experiments in the treatment of epilepsy by localizing the brain lesion, trephining and paring the convolutions. He will publish the result of his experiments in the near future.

—Dr. Robert Duncan, surgeon of the Pacific Mail Steamship *Colon*, has brought suit against the city of Brooklyn for \$60,000 damages, on the ground that he had intermittent fever, and the Brooklyn health authorities, acting on the belief that he had yellow fever, had him removed to quarantine.

—The trustees of the Salem, Mass., Hospital have decided to employ a resident physician, and to make the superintendency a non-professional office. This will drop the present superintendent, Dr. George Z. Goodell. It is understood that the position of resident physician will be tendered to Dr. J. P. Fessenden.

—The Board of Health of Detroit has endorsed the crematory from a sanitary point of view, but is somewhat chary about recommending the process for other cases than death from small-pox. A law exists there, which declares that bodies of persons who have died from small-pox cannot be removed for re-burial unless they have been previously incinerated.

—The latest use to which the phonograph has been put is the recording of discussions. Quite recently a paper to be presented at the First District Dental Society of New York State, was privately read and discussed before some Philadelphia dentists in this city, over a phonograph. The cylinders were sent to New York, and the discussion repeated after the reading of the paper.

—The grand amphitheatre of the Paris Faculty of Medicine took fire, October 7, during a meeting of the French Congress of Surgery and damage to about \$14,000 was caused. Three immense pictures by Matout were destroyed, one of them representing Ambroise Paré applying a ligature for the first time, valued at \$2,000. The bust of Hippocrates, gazed upon by so many generations of students, was also destroyed.

—Dr. Frank S. Billings, lately in charge of the patho-biological laboratory of the State University of Nebraska, has removed to Chicago, Ill., to resume the study of the non-recurrent diseases of children—scarlet fever, mumps, measles, and whooping-cough. Dr. Billings has fitted up a laboratory in which he proposes to prepare virus for the inoculation of swine against hog cholera, and to continue the study of that subject.

—By the will of the late John Crerar, which was admitted to probate in Chicago November 14, 1889, personal property valued at \$3,500,000 and real estate valued at \$50,000, was disposed of. To his friends and relations he makes bequests aggregating \$1,300,000, and the rest is given to a number of charities, and to erect a colossal statue of Abraham Lincoln. About \$1,500,000 is set apart for the erection and maintenance of a public library in Chicago, to be known as the "John Crerar Library."